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ABSTRACT

This guide is designed to provide teachers with concepts and instructional experiences for use in classroom drug education. Teachers are encouraged to develop additional student activities, audio-visuals, and evaluation tools. Activities have been developed to enable students to: (1) increase their knowledge of drugs; (2) develop skills in making decisions about drugs; and (3) clarify their values regarding drug use. There is also a reference section which includes pharmacological information about most drugs of abuse, and a primer on alcoholism. Treatment programs in Kentucky and additional state and national sources of information are listed. (Author/PJC)

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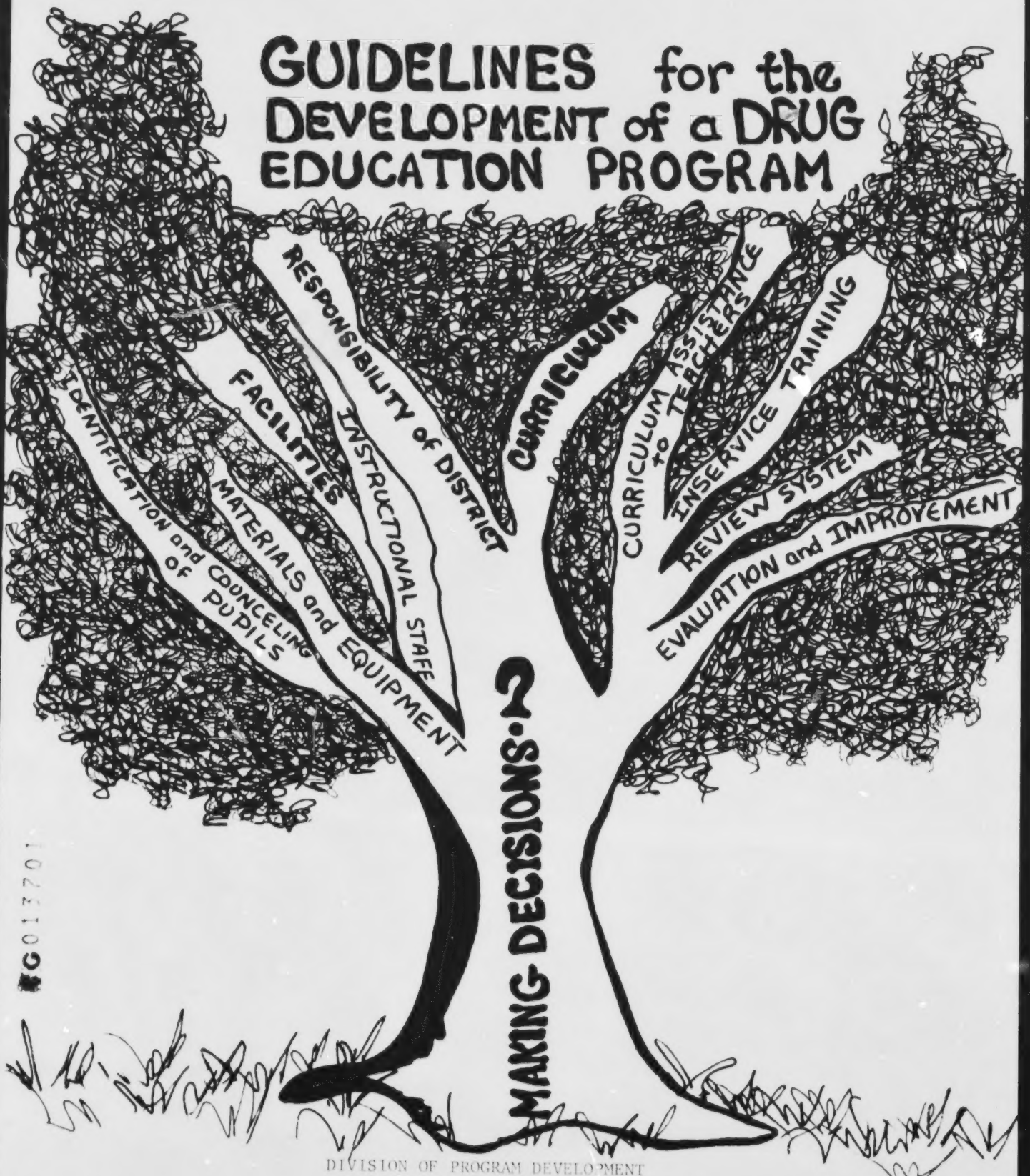
# Alcohol and Drug Education Guide K-12

Oregon Department of Education, John B. Orchard, Superintendent

Salem, Oregon 97310

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DIVISION OF PROGRAM DEVELOPMENT
BUREAU OF INSTRUCTION
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## FOREWORD

Making Decisions should prove a useful resource for teachers, administrators, and others interested in improving the alcohol and drug education program in Kentucky schools and Making Decisions is meant to be an aid rather than a prescription for dealing with drug abuse. The success of school districts in the implementation of this instructional program will depend upon the committment of personnel in the district. The scope and thoroughness of Making Decisions indicates the dedication of those who wrote it, and we appreciate their work.

James B. Graham
Superintendent of Public Instruction

## PREFACE

In the past few years educators have been challenged to respond to one of the most serious and complex problems ever confronted by Americans society--the increasing incidence of drug abuse among young people.

Schools have been faced with the dilemma of trying to provide vital programs with limited funds and with inadequate models for determining the effectiveness of such programs.

The K-12 curriculum guide has been prepared by the Division of Program Development to assist local school systems in planning and implementing "The Alcohol and Drug Education Act of 1974."

It is hoped that the development of individualized substance curricula will enable each school system to make an improtant contribution to the well-being of Kentucky youth.

Randy L. Kimbrough
Assistant Superintendent for Instruction

ACKNOWLEDGMENTS

Numerous individuals and agencies contributed time and expertise to the development of this guide. However, the inception and responsibility for completion of the project was that of Michael Swain, Consultant for Alcohol and Drug Education, Kentucky Department of Education.

We are indebted to the editor, Dr. Merita Thompson, Eastern Kentucky University, for the leadership in providing additional direction needed to write the guide. Other members of the Editing Committee were: Johanna Strange, Model Laboratory School, Richmond, Kentucky; Polly Bauter and Juanita Smith, Morton Junior High School, Lexington, Kentucky; and Elijah Smith, Bell County Schools, Pineville, Kentucky.

Special appreciation is given to Nancy Bryant, a senior at Henry Clay High School, Lexington, Kentucky, for the outstanding contribution she has made in illustrating the guide.

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These individuals made significant contributions to the areas noted.

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# INTRODUCTION

## Development of the Guide

The guide was developed to assist in the implementation of "The Alcohol and Drug Education Act of 1974." The 1974 Kentucky Legislature passed the law (KRS 158.405 - 158.430) making such education mandatory in our public schools. After several years of trying to get such legislation passed, we now have one of the most comprehensive, integrated alcohol and drug education laws in the country. The purpose of this guide is to stimulate the imagination of teachers in developing their own integrated alcohol and drug education curricula.

The activities in this guide were developed by approximately 1,500 Kentucky teachers during seventeen two-day workshops, 1975-76; a committee of twenty-five teachers/administrators at a curriculum conference in Bardstown, April 1975; and the Editing Team.

## Nature and Use of the Guide

This guide is designed to provide concepts and instructional experiences for use in drug education. Teachers are encouraged to develop additional student activities, audio-visuals, and evaluation tools.

The guide has been developed around a THREE-PRONG APPROACH to drug education. That approach is designed to enable students to:

(1) increase their KNOWLEDGE of drugs;

(2) develop SKILLS IN MAKING DECISIONS about drugs; and

(3) CLARIFY THEIR VALUES regarding drug use.

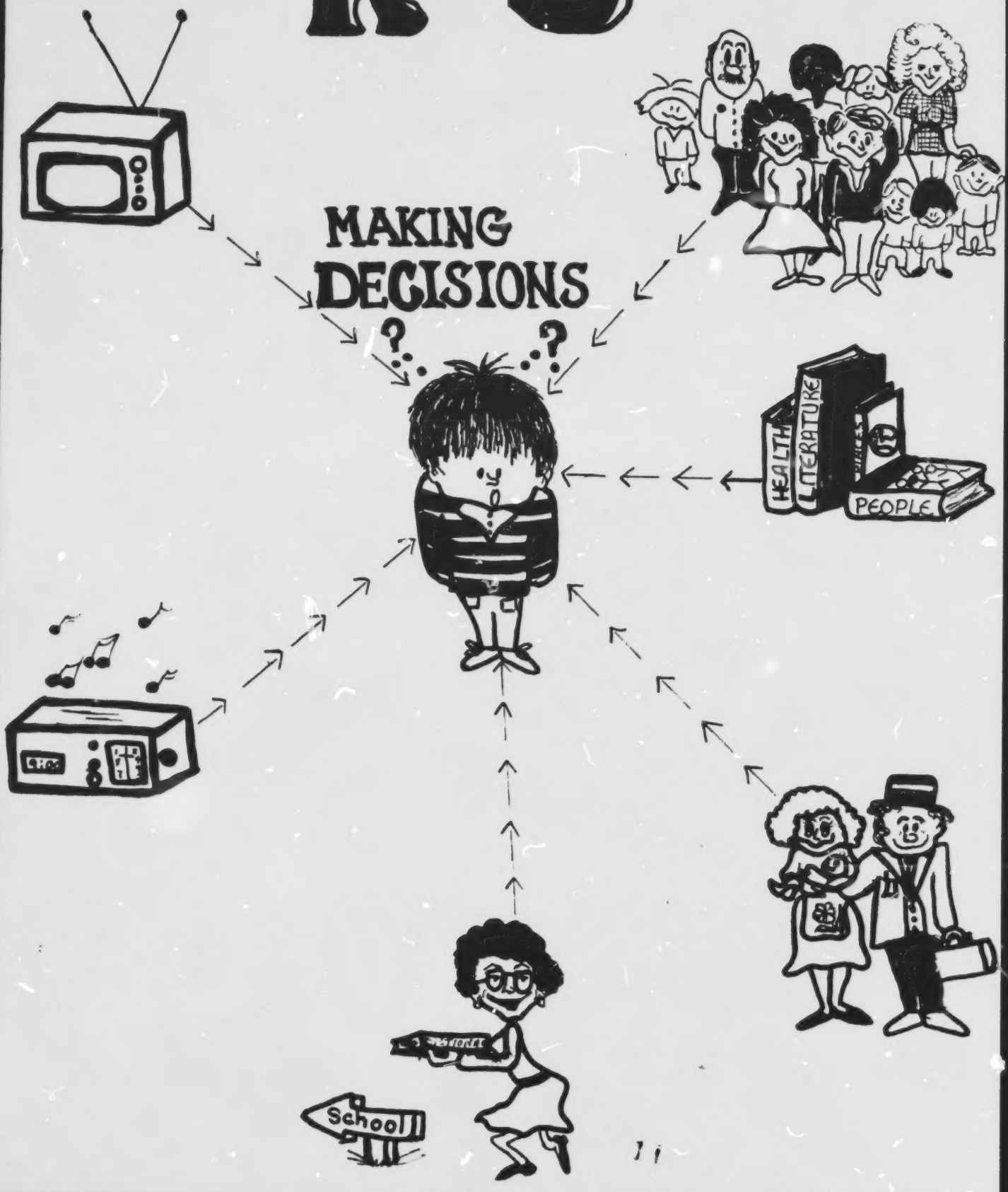
Sections K-3, 4-6, and 7-9 are organized with a concept presented first--followed by learning experiences selected to develop the concept. Section 4-6 also includes a separate subsection on learning centers, values clarification, and decision-making activities. The activities in K-6 have been labeled to suggest topical areas in which they might be incorporated. The labeling code is as follows:

Math - Ma
Science - Sci
Language Arts - LA
Creative Dramatics - CrDra
Social Studies - SS
Career Education - Car Ed
Health - Hea
Art - Art

Section 10-12 is organized in four subsections with narratives, concepts, and activities: (1) Driver Education, (2) Social Studies, (3) Science, and (4) Contemporary Health Issues. Activities presented in Section 7-9 can be used in emplementing the 10-12 section.

The Reference Section includes pharmacological information about most drugs of abuse and a primer on alcoholism. Treatment programs in Kentucky and additional State and national sources of information are listed. A copy of The Alcohol and Drug Education Act of 1974 and guidelines for its implementation are included also.

# K-3



GRADES K-3

***CONCEPT I.*** ***Drugs may be helpful if they are used and stored properly.***

***CONCEPT II.*** ***If used improperly, drugs may make well people sick.***

***CONCEPT III.*** ***Children should take drugs only when assisted by a responsible adult.***

LEARNING EXPERIENCES

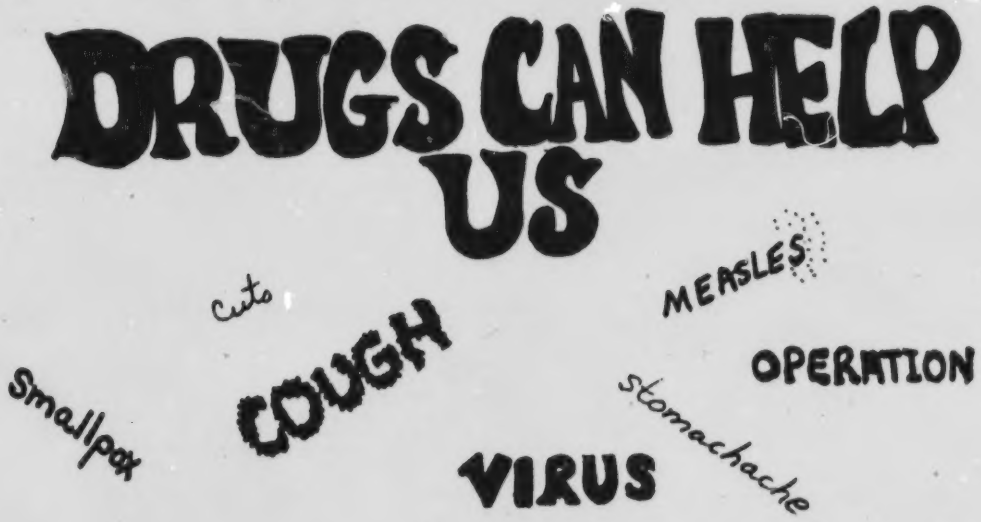
1. Discuss with the children:
   a. What is a drug? Are drugs the same as medicines?
   b. How can drugs change us?
   c. Who should "give" medicine and why are they qualified? (Include physicians, pharmacists, parents.) (Sci, CEd)

2. Take a trip to the drug store and meet the pharmacist. If that is impossible, construct a drug store in the classroom from blocks, orange crates, boxes, etc. The pharmacist may furnish pill bottles and the children may make appropriate items for their store. If possible, invite the pharmacist to the school. (Have the children note that although the drug store is equipped to sell many things, it specializes in dispensing medicines through the pharmacy.)

Discuss and develop the following understandings.

a. People don't always need medicine when they are sick. Sometimes they need only rest and special food.

b. The doctor is the only person to prescribe certain medicines and the drug store or pharmacy is the only place to take the prescription for the purchase of the drug.




c. The pharmacist has a very responsible job which requires special training. It is his duty to prepare medicines prescribed by doctors. If the medicine is to be given only after examination by a doctor, the pharmacist must have a prescription from the doctor before he can sell such medicine.

d. All medicines have labels attached to them which give directions for their use. These labels should be read carefully. The medicine should be properly and legibly labeled. (Use a transparency to show the parts of a label. Let the children pretend they are pharmacists and write out labels.)

# BUT THEY CAN HURT US TOO

## ~TOO MUCH ~WRONG KIND ~TOO LITTLE

e. Medicines are dangerous if used incorrectly. For this reason, many medicines have special labels or warnings. Some, such as iodine, carry a picture of a skull and crossbones and the word "POISON." This does not mean that other medicines are harmless, because all drugs may be potentially hazardous if they are not used correctly.

f. Children should never self-administer medicine, or give any to other children. They should receive medicine only from a responsible adult they know and trust.

g. Medicine is not a food or drink. Pills are not candy. Cough syrups are not like breakfast syrups.

h. Drugs should only be taken as prescribed and only in exact amounts. (SS, Sci, LA, CEd)

3. Make a class list by asking the children to tell where medicines are stored in their homes. Make a class list of ways medicines can be kept from younger children. (Save this list for reference in other activities.

4. Make a transparency showing a medicine label which has expired. Bring to class empty bottles with labels showing that expiration date has passed. Discuss with the class (a) dangers of taking old medicine, and (b) safe methods of disposing of medicine. (Hea, Sci)

5. Make a class list on poster paper of conditions under which a person might become accidentally ill by misuse of medications. Include:
   a. not reading the label;
   b. taking medicines in the dark;
   c. using another person's medicine;

d. taking more than the prescribed dose;
e. taking medicine from an unlabeled container;
f. taking old medicine after the effectiveness date has passed.

6. Use Simple and Simon to act out the following story. (Simple and Simon may easily be made using the models below.)

Simple: (eating a handful of berries, or aspirin, etc.) They don't taste as good as I thought they would, I won't eat anymore. (Some time passes and Simple is not having much fun.)

Simon: What's the matter, Simple, you don't look so well.

Simple: My stomach hurts; I feel sick.

Simon: We'd better go home and find your mother. Maybe the berries made you sick.

Let Simon discuss with the children what Simple did that wasn't smart, and what might happen to him. (LA)

7. This activity is designed to impress children with the fact that only adults should adminsœer medicine. A suggested title might be "The Day the Baby Got Sick."

Procedure: Teacher reads the story to the pupils. They then act out the parts. Choose different children to play in each episode. Pantomime may be used without props. However, such simple objects as a toy telephone, bottle, or spoon may be used.

a. Dennis has a little sister named Prue. One day Prue got sick. Mother took her temperature. Then mother went to phone the doctor.

b. The doctor came to see Prue. He said she should have some medicine. He wrote out a prescription.

c. Dennis went with his father to the drug store to have the prescription filled. His father gave the prescription to the pharmacist. The pharmacist read the prescription. Then he mixed the medicine in a dish and poured it into a bottle.

d. "This medicine is meant for Prue," the druggist said. "It was made just for her to make her well. It is not good for anyone else. It might even make another child sick." "I won't touch it," Dennis promised. "You must not touch any medicine, even if it was mixed especially for you," the druggist said. Then the druggist put a label on the bottle to tell just how much medicine Prue should take, and when she should take it.

e. When Dennis and his father reached home, mother looked at the bottle of medicine very carefully before she opened it. "I must be careful to give Prue just the amount it said on the label," mother said. "Will you get me a clean teaspoon, Dennis?"

f. Dennis gave his mother a clean teaspoon. She measured the medicine and gave it to Prue. Prue made a face, but she swallowed it because she knew it would make her well.

g. Mother looked at the clock. "The label said I should give Prue some more medicine in one hour. It is two o'clock now." She held up two fingers. "When will it be time to give Prue her medicine again?" Dennis held up three fingers. "At three o'clock," he said. "I'll watch the clock and tell you. May I put the medicine away?" "No," said mother. "It is nice of you to offer, but children should <u>never</u> touch medicine. I will put it in the medicine cabinet where it belongs and lock it up until we need it again." And she did.

h. At three o'clock Dennis called his mother and she took the medicine out of the cabinet and gave Prue another spoonful. Just then the telephone rang. Mother heard the phone but didn't pay any attention to it. Instead, she put the medicine in the cabinet and locked it up before answering. "It is most important to put medicine away before answering the phone." Dennis answered the phone, saying, "Mother will come in a minute; she is putting medicine away." (LA, CrDra)

8. Read this open-ended story and have children verbalize, role play with puppets, or write an ending. The title, "Sam's Little Sister." Sam went with his grandmother to the drugstore to pick up her prescription. She had been to the doctor earlier in the day and was told that she could pick up her medicine later. When they returned to Grandmother's house, Sam was glad to find his mother there. She had brought his pajamas and other things he needed to spend the weekend at Grandmother's. But she had also brought Angela, Sam's little sister! Sam was very disappointed since he had thought he would have Grandma all to himself! In a few minutes, they were all bustling and rushing around, checking to be sure the children had everything they needed for their stay. Out of the corner of his eye, Sam saw Angela pick up the sack with Grandmother's medicine in it. He saw her tiptoe into the kitchen by herself.

What do you think Sam did now?

What would you have done?

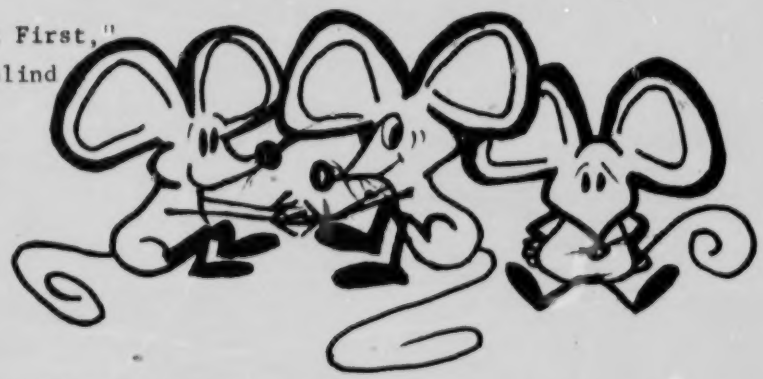
Let the children discuss or write a complete ending to the story. (LA,CrDra)

This is an open-ended story similar to the one above, and it can be used in the same way. The title, "Grandma Periwinkle."

Grandma Periwinkle has not been feeling too well lately. She went to see her doctor. He prescribed some medicine which she took to the pharmacist at the drug store. She went back to the pharmacy a few hours later and picked up the pills. She read the label which said, "Take two every four hours." Also printed on the label was "CAUTION: KEEP OUT OF REACH OF CHILDREN." Grandma Periwinkle put the pills in her purse, and went home. Just as she arrived at the door, her little grandson, Jeffrey,

came around the corner with his mother. Grandma Periwinkle went into the bedroom where she took off her coat and put it, along with her purse, on the bed. She then returned to the living room to talk to Jeffrey's mother. Usually, Grandma Periwinkle is very careful to keep all her medicines and household products on high shelves because, even though she has no small children of her own, Jeffrey and his friends visit her quite often. She always warns the children never to put anything into their mouths without asking first. But this time she forgot that purses containing medicines should also be put out of children's reach. As she was talking in the living room, little Jeffrey walked into the bedroom and emptied her purse. Along with her cosmetics, her change, and her handkerchief, he found the bottle of pills. Tell what you think happened. (LA, CrDra)

9. Teach the song, "We Ask First," to the tune of "Three Blind Mice."



We ask first
We ask first

What we may taste
What we may taste

Even though goodies look ever so good
We have to remember as wise children should
Not to put anything into our mouths
Till we ask first.

**Game:** We Ask First

**Directions:**
The object of this game is to show that some things are safe to put into one's mouth, while others may be harmful. (We cannot always know. Therefore, before we eat or drink anything, we ask a grownup whether or not we may do so.)

Put a hat box and an empty wastecan on a low table. Put a diagram on the hat box of lips that are open, with an eight-inch slot between the two lips. Below it, write "Safe to eat." On the wastecan, make a diagram of the lips that are closed and below it write, "Not safe to eat."

Children bring pictures from home or cut pictures from magazines of food, sprays, drinks, etc. One child stands behind the containers and pretends to be the mother or father. Each child in turn shows his picture to the class and explains why it should or should not be eaten. The "mother" or "father" may help with the decision. The pupil with the picture may say, "Mother, may I eat this?" If mother says, "Yes, it is safe," the pupil may put his picture in the slot between the open lips of the hat box. The class may help the "mother" or "father" with the decision.

If the class and the "mother" decide the pictured food or drink is not good to eat, the picture is put in the wastebasket.
(CrDra, LA, Hea)

10. The following activities stimulate discussion about children responding to strangers.

a. Discuss with the children the dangers of taking gifts, candy, food, or anything from strangers even if the stranger knows their name or the name of their parents. Ask: What would you do if a stranger offered you food or a ride?

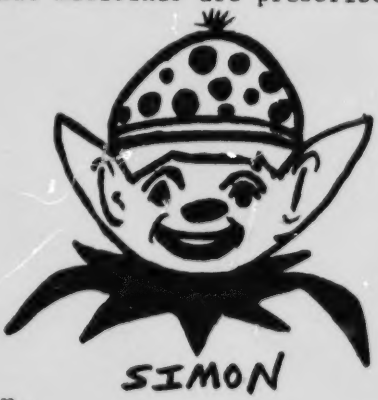
b. Let the children make tapes of conversations to demonstrate the correct way for a child to reject gifts, candy, foods, or anything from strangers.

c. Read or role play with puppets the Little Red Riding Hood story. Discuss the problems that occurred when she talked to strangers. (LA, CrDra)

# DEAR MOM...

11. Have the children write a letter to their parents about safe ways to store and dispose of medicine or drugs. They may want to tell why that is important, and they may like to discuss a particular drug, e.g., aspirin, household products, prescription drugs. (LA)

12. Directions: Use Simple and Simon to act out the following story. Follow with discussion of the fact that medicines are prescribed for specific people.




Simon: Gee, I'm sorry you were sick last week, Simple. Are you feeling all right now?

Simple: Oh sure, I really did have some good tasting medicine It was really great.

Simon: I'm glad the doctor gave you something to make you feel better.

Simple: By the way, here is the rest of it--want a taste? It really is good.

Simon: No, thanks. You should throw the rest of that away. I never take anyone else's medicine. It made you well, but it could make me sick. (LA, Hea)

13. # Just Suppose...

The following situations can be used to help children develop sound decision-making skills, as well as learn essential information about drugs and safety. As different solutions to the situations are suggested by the children, help them to think through the consequences of each one. (LA, Hea)

a. Suppose you were playing in your home and found a box of pills or a bottle of medicine open on the table. What would you do? Tell why.

b. Suppose you found your baby brother or sister playing with a can of cleansing powder, what would you do? Tell why.

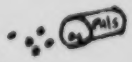
c. Suppose you saw another child accidentally eat or drink something you thought might harm him or make him sick. What would you do? (Always tell parent or teacher.)

d. Suppose someone left a bottle of medicine on the table and forgot it. What would you do? Tell why.

e. Suppose a playmate offered you something to eat or drink, but you were not sure what it was. What would you do?

f. Suppose you found baby brother or sister chewing on something. There was an open box of pills beside him. What would you think? What would you do? Why?

g. Suppose you were thirsty and you found a soda bottle in the garage where father usually keeps his tools. What would be the best thing to do?



h. Suppose you and your baby brother saw father and mother painting and he or she put some paint in a cup and left it there. What would you do?

14. The following story may be read and used for discussion and/or role-playing.

The Flintstone family was planning their summer vacation. There were many things which needed to be done. Mother planned to save some time the next day to gather all the things they would need for the trip. In order to get a good night's sleep, she took a sleeping pill.

When mother awoke the next morning, she had a terrible cold. She put some nose drops in her nose to help her breathe.

As she started preparing breakfast, she got a coughing spell. So she took a dose of cough medicine.

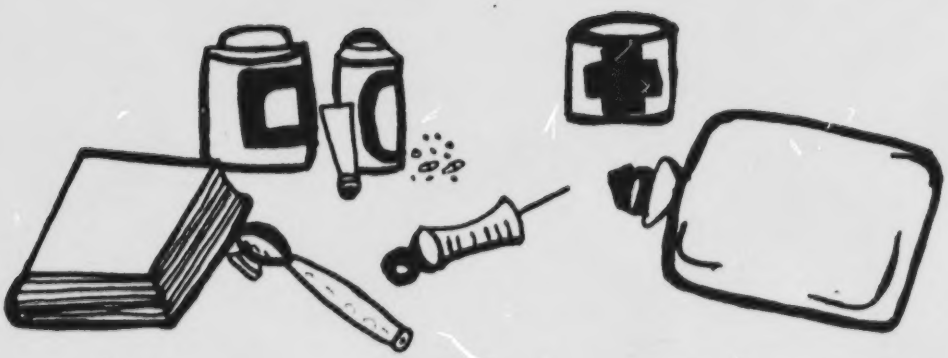
All morning mother felt bad. A friend stopped by about noon and told mother about a good medicine the doctor had given her when she had the flu. Since mother felt so bad and had so much work to do she decided to borrow some of the friend's medicine. This seemed to help and she was able to finish her work on time.

Before dinner, mother remembered her diet and took her diet pill to curb her appetite. Unfortunately, the dinner mother had prepared was very spicy and caused mother to have an upset stomach. To relieve her discomfort, she took a pill for her ulcer.

Friends were having a party for them that evening. Mother went to the party and enjoyed visiting with her friends. While there she and father had a few cocktails. When they got home from the the party mother took another sleeping pill so that she would be fresh for their trip the next morning.

The family got up early in the morning. Everyone took a dramamine tablet to prevent car sickness. About fifty miles down the road, mother got very sick and had to be rushed to the hospital.

What do you think caused mother's illness? What do you think the ending of this story will be? (LA)



PURPOSE: This activity can be used to acquaint students with job descriptions of a medical doctor, a dentist, and a pharmacist and how each used drugs to deep people healthy. Title, "Doctor Can You Tell."

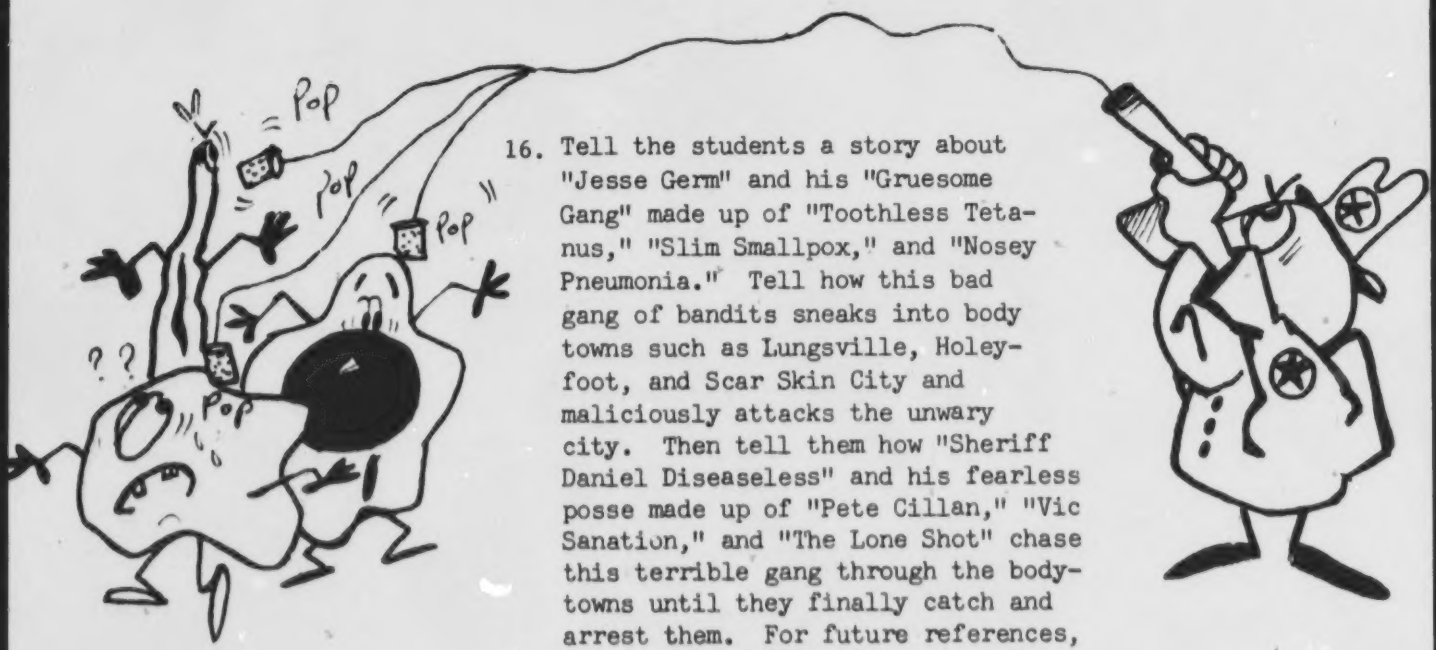
a. Introduce the three professions of doctor, dentist, and pharmacist by inviting one member of each profession to visit the classroom, bring some of his tools, and explain the use of drugs to help keep people healthy. (Note: At least one of these professionals should be a woman.) Or, arrange a field trip to the doctor's office and drugstore to gain the same information.

b. Help the children become acquainted with the common tools or instruments used by each of the three professionals.

c. Create a feeling of trust and respect for each of the professionals. Stress the importance of the accuracy in presctibing different drugs. Emphasize the care and storage of drugs.

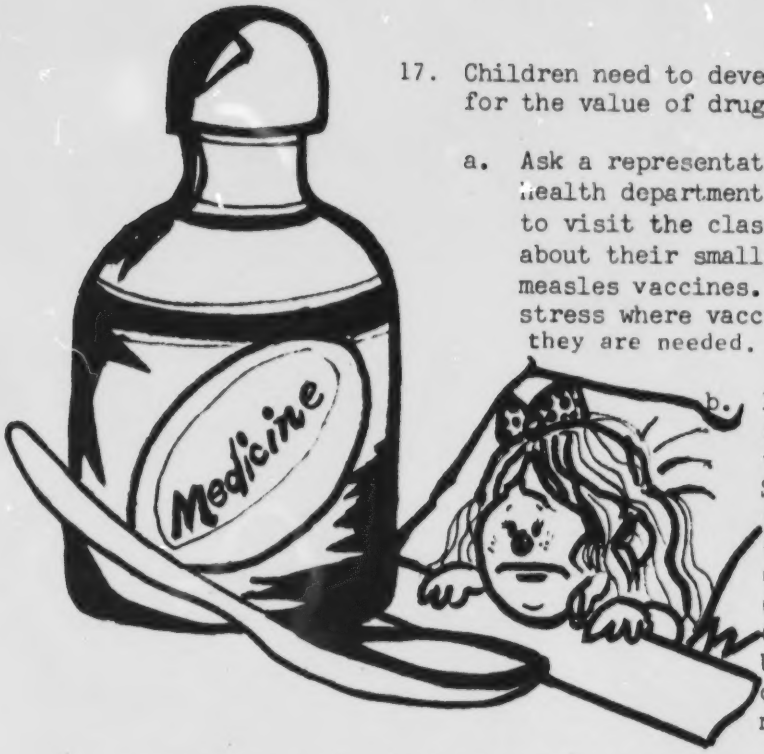
d. Furnish or have students bring a small box or sack which can be used to create a professional kit or bag. (Measuring devices, empty pill boxes, prescription pads, etc. for pharmacist.)

e. When the "kits" are done, ask each student to introduce himself/herself as Dr._____; show the contants of his/her kit; tell how each item is used; Explain to students how important it is to help keep people well and invite the class to visit his /her office or pharmacy regularly. (CEd, SS; If the professionals are encouraged to discuss their uses of the metric system, math may be an integral part.




16. Tell the students a story about "Jesse Germ" and his "Gruesome Gang" made up of "Toothless Tetanus," "Slim Smallpox," and "Nosey Pneumonia." Tell how this bad gang of bandits sneaks into body towns such as Lungsville, Holeyfoot, and Scar Skin City and maliciously attacks the unwary city. Then tell them how "Sheriff Daniel Diseaseless" and his fearless posse made up of "Pete Cillan," "Vic Sanation," and "The Lone Shot" chase this terrible gang through the bodytowns until they finally catch and arrest them. For future references, tape this as you tell it.

After listening to story, have students draw cartoons with captions depicting story. Place cartoons on bulletin board for all to see. Label this "Jesse Germ Meets Daniel Diseaseless." (LA, Art, Hea)

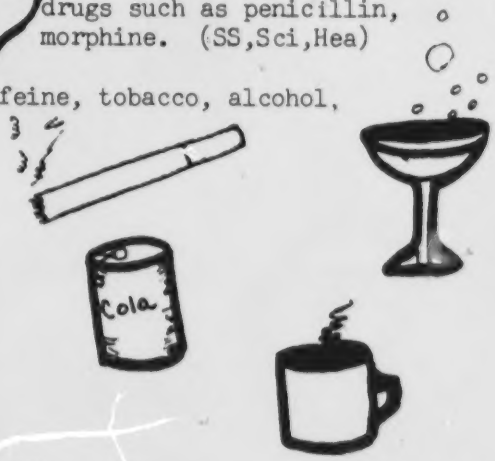



17. Children need to develop an appreciation for the value of drugs used as medicines.

    a. Ask a representative from your county health department or the school nurse to visit the class and talk with students about their smallpox, chickenpox, and measles vaccines. Have this person stress where vaccines come from and why they are needed.

    b. Read and discuss with class the history of the Salk polio vaccine. Stress sequence:
    (1) sickness
    (2) research
    (3) testing
    (4) manufacturing and
    (5) prescribing.
    Use examples of other drugs such as penicillin, morphine. (SS,Sci,Hea)

18. Many drugs are part of everyday life (caffeine, tobacco, alcohol, aspirin, antihistamines).




    a. Define "stimulant" and "depressant."

    b. Give the children the assignment to find out which drugs are in coffee, tea, chocolate, cola drinks, and tobacco.

    c. Puppet activity--Have puppets tell how drugs in coffee, tea, tobacco, chocolate, and cola affect the body. (They are stimulants.)

    d. Let the "good puppet" illustrate why children don't need stimulants unless prescribed by a physician.

    e. Bring a cigarette package to school, read the warning on the side and explain how nicotine affects the body.

    f. Use one of the experiments in Level 4-6 to demonstrate the effects of smoking.

# 19. Let's Act!

Concepts, Purposes, Skills:

1. To provide an opportunity for self-expression through body movement.
2. To allow for student interpretation of a particular situation
3. To enhance students' creativity.
4. To make students aware of behavior caused by use, misuse, or "doing without" certain substances and drugs.

Procedure: Provide the students with situations similar to the one listed below. They are to act out that situation.

Possible situations:

a. You're a person who had just run out of cigarettes. How do you feel?
b. You have a terrible headache and you cannot find any aspirin or other medicine to take. Show how you feel.
c. You were in a hurry to get to work this morning and you could not have your morning cup of coffee. Show how this would make you feel.
d. You are a parent. You have a 4 year old son. You just saw him pick up a cigarette and pretend to smoke. How would this make you feel?
e. You were going with your parents to the movie. But now your mother has a headache and they have decided not to go. How would this make you feel?

These are just a few situations which the teacher might use. The teacher could discuss each situation with the students after they act it out or he/she might want to wait until the entire exercise is finished to talk about drugs and ask students opinions on the use of such things as drinking and smoking. This could be at a very simple level as: Do you think smoking is good for you? (CrDra, LA, Hea)

***CONCEPT IV.*** ***Many drugs can be acquired only through a prescription, while others can be purchased over the counter.***

LEARNING EXPERIENCES:

1. Show the children a prescription drug bottle and an aspirin bottle. Discuss the meaning of prescription and non-prescription medications.

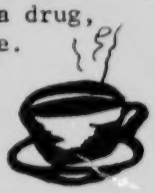
2. Show the children a number of prescription and non-prescription medications and have them classify them into the two categories.

3. Have a box containing at least ten empty drug containers (prescription and non-prescription). Have a child choose a bottle and place it in the correct category.

4. Cut pictures from magazines of prescription and non-prescription drugs. Paste the pictures in the two categories.

5. Activity: Caffeine Users

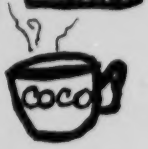
Purpose: This activity can be used in math to develop the concept of "sets" of more and less, and of"classification". At the same time, students can develop an understanding that caffeine is a drug, and it is found in many of the everyday foods we consume.



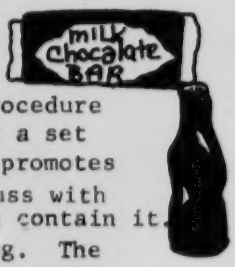
Materials: 20 cards each with labels cola/tea/chocolate/coffee

Time: 10 to 15 minutes

Procedure: The teacher should have taped off three large rectangles. Ask the children to raise their hands if they have ever drunk colas. (Give those students a cola card). Use the same procedure for tea, cola, and hot chocolate. Put students into three different sets. Each set is placed inside the rectangle. Emphasize with students. "We have three groups or sets (a set of cola drinkers, a set of people who drink tea, and set of people who drink chocolate". Some students may belong to more than one group. Ask students which set has more? less? Suggest to students that we count the people or members of each set to determine which set has the most members and which set has the fewest members. Ask students to hold up card if they drink colas. Count. Follow the same procedure for tea and chocolate. The teacher might then want to give instruction such as the following:

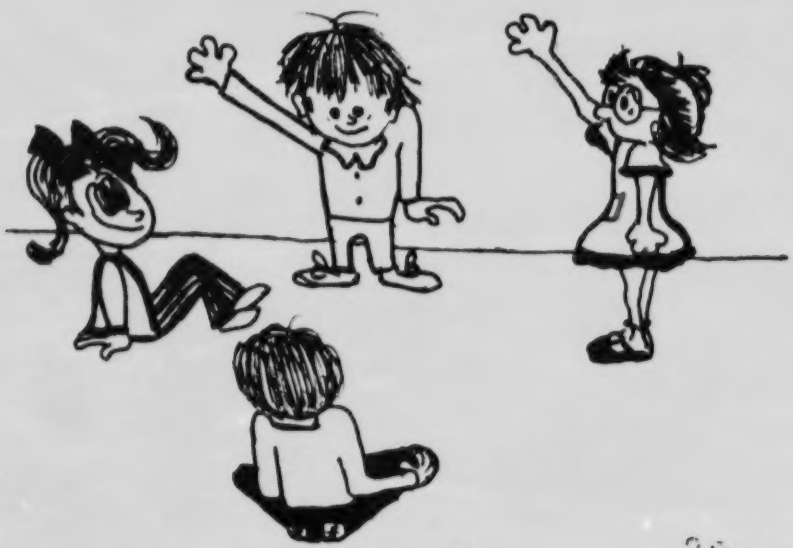



1. The set of coffee drinkers, sit down.
2. The set of people who has drunk both coffee and tea, hold up one hand.
3. The set with the most members touch their nose.




(Give simple directions such as those listed above. This procedure familiarizes the children with the concept of sets and that a set can have more than one characteristic. It also teaches or promotes listening skills and skills in following directions). Discuss with the children the effects of caffeine and foods/drinks which contain it.

Transition: The set who has the most members, may go sit on the rug. The set of cola drinkers may go to the rug area. (Continue with these directions until all children are seated in the rug area.



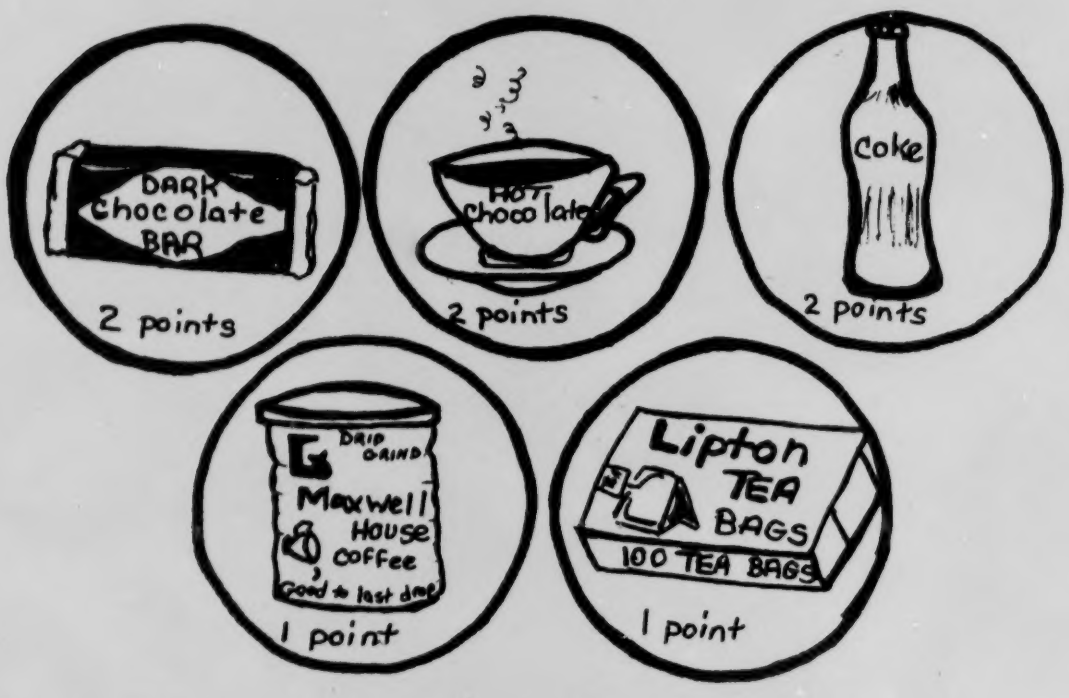
6. Activity: Bean Bag Throw (variation for learning about caffeine)
Purpose: This activity can be used in physical education to develop coordination, teamwork, and listening skills. At the same time, students learn about the drug, caffeine.

Materials: 6 bean bags
2 circular targets (12" diameter(might want to make bigger). One is to have a Maxwell House Coffee Label; the other a Tea or Chocolate Label. Teacher could make these from butcher paper.
Pencil/pad for scoring.

Introduction: Show students the two label targets. Ask them to name or identify the targets. Explain that these are two substances that people commonly drink. "Both coffee and tea have a drug in them called caffeine." Today we are going to play a game. These objects will be the targets for the game.

Procedure: Divide the class into two groups. Place the targets in front of the students. Each team is to get three bean bags. Each player receives a turn in which he/she attempts to throw the bean bags, one at a time, in the circular target. The teams take turns playing. The team is given points for each bean bag tossed into a circle or lying halfway in a circle. More points are scored on items with less caffeine. When a player has had his turn and gets the bean bags for the next player on his team, he retires to the side and watches for the scorer (teacher). The team with the most points wins.

Transition or Closing: Let the losing team go first to free play or to another activity.



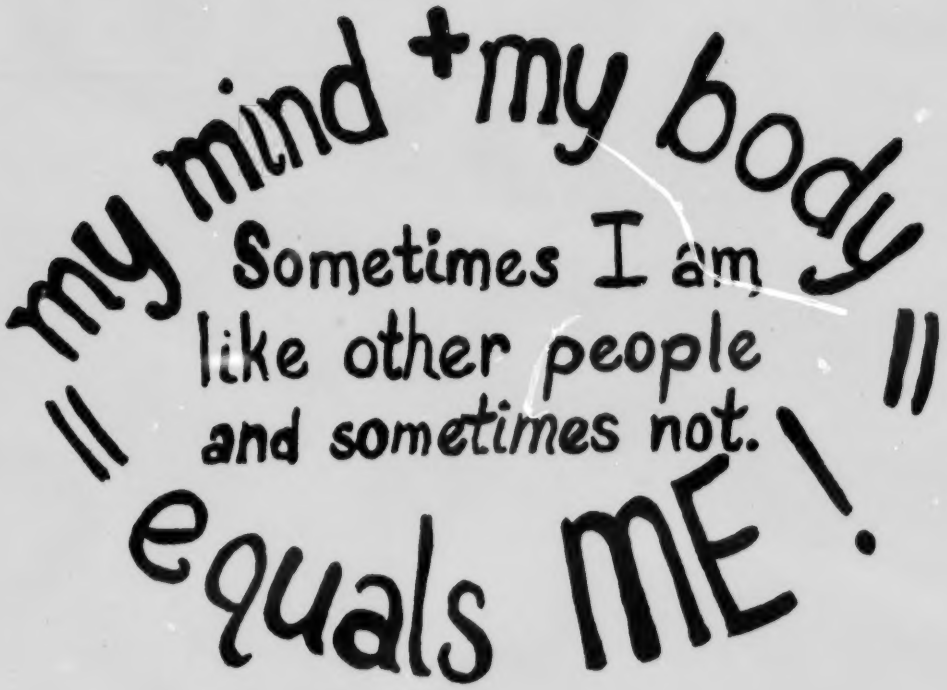

Other alternatives could include: milk, lemonade, orange juice, and other beverages not containing caffeine.

## *CONCEPT V.* *Children can act as individuals and not always follow a group.*

LEARNING EXPERIENCES

1. Make a poster of the following equation and sentence; Discuss meanings with the class.

   Ask students to tell about a time when they did something different from what their friends were doing. Discuss why it is important to consider one's own feelings and wishes instead of just going along with whatever friends are doing. (LA)



2. Students are seated in a circle which could be called a "Magic Circle." The teacher presents a crisis situation. All children participate by telling what they would do in each situation.

Example of "Crisis Situation":

a. Another student calls you "chicken".

b. A friend wants you to steal some gum at a store.

c. Two friends want you to smoke a cigarette.

d. You find a pretty red pill.

Teachers should stress: the importance of considering one's own feelings; how to say "no" sometimes; how to be tactful with friends that being a friend to someone means not pressuring him to do something he doesn't want to do. (LA)

## *CONCEPT VI.* *Substances which are not intended to be taken into the body may be harmful if they are not used and stored properly.*

LEARNING EXPERIENCES

1. a. Collect as many of the following houshold items as possible and discuss the uses and damages of each.

| | |
|---|---|
| solvents | spot remover |
| cleaners | fertilizers |
| paint | furniture polish |
| glue | razor blades |
| moth balls | shoe polish |
| paste | insecticides |
| cologne | disinfectants |
| lye | plastic bags |
| soaps | matches |

b. Introduce the skull and crossbones as a danger sign. Ask the children to find as many of these signs as possible on the household items. Help the children to understand that these household items should be kept out of the reach of children. Such dangerous materials should not be stored where medicines are stored.

c. Put the words "poison","caution", and "warning" on the board and discuss their meaning with the children. Help them find items labeled with those words. (Sci, Hea, LA)

2. Bring cardboard boxes to class and allow the children to make a storage cabinet for dangerous household products. Help the children make a skull and crossbones sign and paste it on the front of the cabinet. (Art, Hea)

3. Make a grab bag which includes containers holding various common household substances. Let each student draw an item from the bag and tell its proper use and its dangers if misused. (Sci, Hea)

4. Tell a story about an animal that has become sick after swallowing common household substances. This should be followed by a sharing period in which the students will be able to tell of similar things that have happened to their pets. (Sci, Hea)

5. Let the students grow several bean plants. After the plants are grown, drench one with fertilizer, one with insecticide, one with detergent, and leave one to grow normally. Stress the fact that overuse of toxic substances can cause death not only to plants, but also to animals. (This is when the term "pollution" can be introduces.) (Sci)

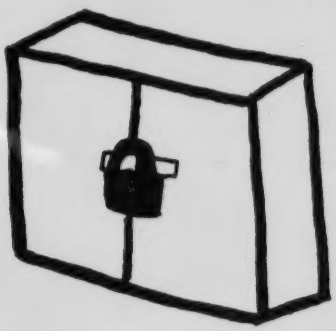
6. Let the children role-play telephoning for help when a person has swallowed a dangerous substance. Stress giving the necessary information and listening to directions. (Hea/Safety, LA)

7. This is a puppet show entitled, "The Containers Speak."

In this puppet show, the teacher supplies clean, empty cans, bottles, and boxes. These containers may be mounted on sticks or broom handles. The children may plan a puppet show, write the parts for the characters, and have the characters speak to the audience.

Discussion may bring out that many household products of potentially poisonous nature are actually very useful, and make living in the home much easier and more pleasant. It is only when they are not used as intended or directed that they become dangerous.

The theme of the play may be like the following: the containers are trying to find a proper home on a shelf, in a high locked cabinet, or elsewhere, out of reach and out of sight of small children; people won't put them where they belong and then the containers get blamed for the things that happen when people get careless; they discuss some of their experiences when people get careless; they explain that when used properly, they are really very good fellows; they talk about the directions and warnings printed on their labels; then, they point out places where they might be placed for safekeeping, and where they, as well as children in the household, would be so happy. (CrDra, LA)



Purpose: This activity could be used to assist children in learning to discriminate between poisonous and non-poisonous materials commonly found in the average household. Suggested title, "Cleaning Out the Kitchen Cupboard."
Formation: Circle or informal grouping.

Procedure: Half of the children are designated to represent non-edible substances, the other half represents materials which are safe to keep around baby. Teacher "ad libs" a story about mother cleaning out the materials kept in a low kitchen cabinet near the floor, placing the ones which might be poisonous on higher shelves, or under lock and key where baby brother or sister can't reach them. As mother names each object which she finds in the cupboard, those who represent "safe" or "unsafe" objects, whichever they may be, get up and turn around, then sit down again. (LA, Sci, Hea)

Objects named might be the following:

| | | | |
|---|---|---|---|
| crackers | apples | silver polish | detergent |
| shoe polish | soap | cleansing powder | soft drinks |
| pans | moth balls | carrots | bottles of soda |
| floor wax | dish cloths | dish towels | sprays |
| potatoes | furniture polish | soap powder | |

9. The entire class or individuals could make a safety scrapbook.

Purpose: To impress the small child with the need to ask first before tasting any doubtful substance.

Procedure: Provide each child with four sheets of newspring about 16" x 20" in size. Kindergarten teachers will probably wish to fold these sheets in half and staple or sew them together to form a scrapbook before distributing to children. Older children may wish to do this themselves. Captions may be printed by the teacher before the materials are distributed, or printed on duplicating materials for children to cut out and paste into scrapbooks under the teacher's supervision.

Sample

| | |
|---|---|
| Cover page: | _____'s Safety Book. |
| First page: | When I want something to eat I ask mother or father. |
| Second page: | Some things are safe to eat or drink.<br>Some things are not safe to eat or drink. |
| Third page: | So I ask first. |
| Fourth page: | Lock up unsafe things. |
| Fifth page: | Help keep baby safe. |
| Sixth page: | Safe? Not safe? |
| Seventh page: | Protect your family against poisoning. |

Appropriate pictures clipped from home magazines can be used in preparing the scrapbook. Each child should be supplied with a picture of "parent" clipped from a magazine; one to three pictures of "safe" foods and one or more pictures of liquids or solids "not safe" to eat or drink and a picture of a baby or toddler. Children may cut out these pictures and paste in appropriate places. On the page con-

taining the caption "So I ask first," the child is directed to draw a picture of himself asking his parent or another adult for something to eat. On the front cover, he draws a picture of himself. A paper bag "medicine cabinet" may be pasted on the page marked "Lock up unsafe things." Discussion should precede this work. Keep in mind that very young children cannot discriminate when it comes to grades or conditions of safety. While words, "Might not be safe" may be used in discussion, pictures used must be in the "Safe" or "Not Safe" categories. (LA, Hea)

Following is a checklist of terms which can be utilized in creating the Safety Scrapbook.

band aids
iodine
merthiolate
rubbing alcohol
Bactine
cotton
gauze
Campo-phenique
bug repellent
Solarcaine
aspirin
suntan lotion
mouthwash
toothpaste
shaving cream
shampoo
soap
bubble bath
Q-tips
cream rinse
eye drops

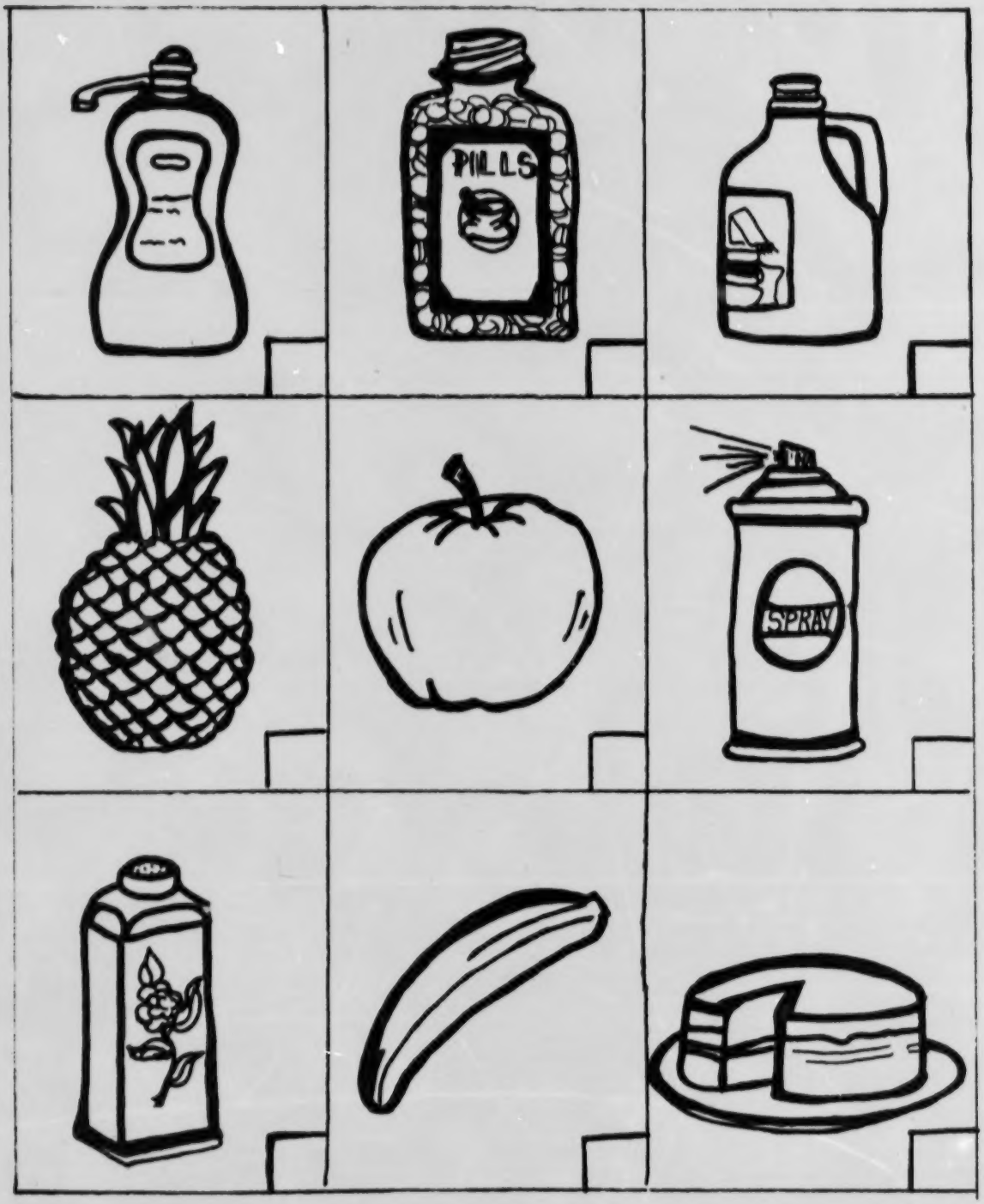
deodorants
perfumes
paregoric
Unguentine
Nuper cainel
cough medicine
Vaseline
vitamins
razor blades
shoe polish
razor
Kaopectate
Pepto Bismol
laxative
hair spray
lipstick
hand cream
make-up
bath powder
foot powder

cleansers
ammonia
detergent
bleach
bug spray
ant & roach killer
glue
Pam
oven cleaner
paint
paint thinner
turpentine
grease
oil
anti-freeze
glue
spot remover
polishes
(furniture, silver
floor)

10. This activity may be used for individual or group work. (Hea, Sci)

## Safe to taste? Not safe to taste?

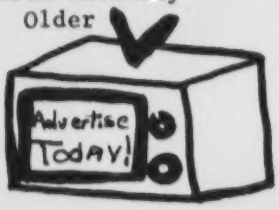
Put an X in each box beside a "safe to taste" product.



## *CONCEPT VII.* *People's decisions and moods are influenced by a variety of forces.*

LEARNING EXPERIENCES

1. Have the students identify all the sources through which they have acquired information about drugs (television, radio, magazines, newspapers, friends, neighbors, parents, strangers.) Make a list of the sources on the board or a work sheet and let the children identify the sources they feel are most reliable and tell why. Older children can rank the sources, from most reliable to least reliable. Discussion should include, "What makes a source reliable? How do I decide if the information is reliable." (LA,SS)




2. Have students dramatize and/or discuss commercials from T.V., radio, and other advertisements. Example: "Cheerios give you 'go power,' but did the Cheerios really make the Cheerio kid strong enough to defeat ten "Indians?" (LA , SS)

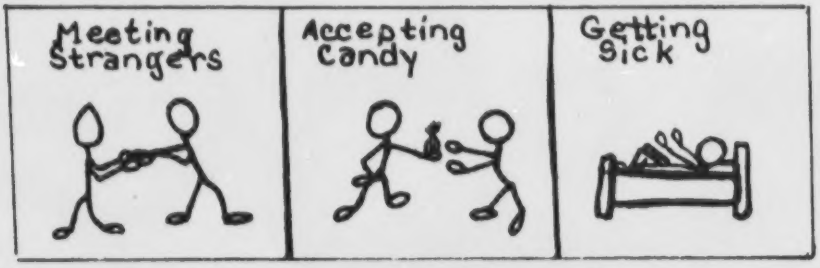
3. Prepare a bulletin board intitled "People in Our World." Have the students draw or bring in one picture from home to be placed under these categories. Using the same bulletin board, have them come forward one at a time to point out their pictures and tell briefly about that person. Using the bulletin board, draw attention to the people we depend upon most at home and school by discussing and then starring the pictures of the most dependable. (Add a large star and caption at the foot of the bulletin board, "People We Depend Upon Most." Then let each studend place stars on his picture.) (LA, SS)

4. Have students match pictures of various substances with a picture of someone who can advise them on their proper use. The teacher will need to make individual worksheets for this activity. Ask, "Who can help you use each of these substances?" More than one answer may be acceptable. For example, in matching the bottle of medicine, a child might choose mom and dad because they help him take medicine, while another child might choose the doctor because he prescribes medicine. (LA, SS)

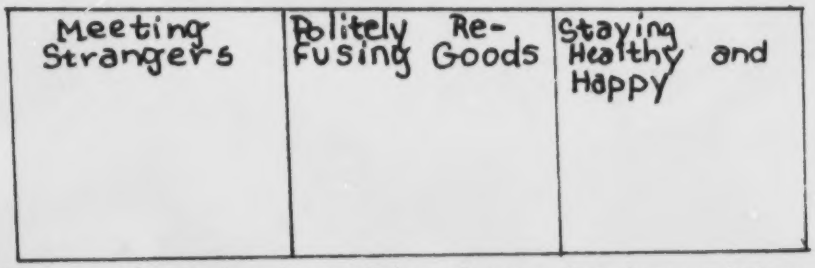
5. a. Discuss people who should give a child food or goods. Have a small group of three or four students dramatize one or more of these situations:
   1. Accepting food or candy (possible sickness or drugs.)
   2. Accepting money or rides (possible injury or worry to parents.)

   b. Discuss other possible consequences of trusting strangers.

   c. Make a fold-out strip like the one below with captions and figures.




Make another fold-out strip like the one below with captions only and let the students draw in the figures. (LA, Art, SS)




6. At Halloween time, bring in articles about poisoning or injury that has occurred in previous years. Discuss ways to protect one's self from such dangers while enjoying Halloween. (SS, Opening Activity)

7. Read or tell the students the story of "Hansel and Gretel," emphasizing how the witch lured the children with the candy and cake on the house. (LA)

# 8. What if?

Take the children through the decision making process in discussions of what if:

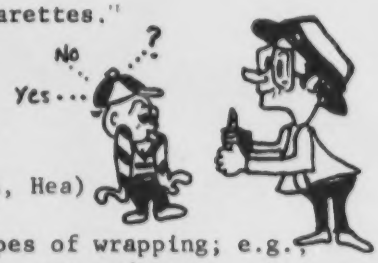
A friend tells you, "Pet the dog to see if it bites." or "Taste some of these little red things. I'll bet they taste like cherry candy." or "Jump into the swimming pool so I can see how deep it is."

A stranger approaches you on the way home from school or a ball game and offers you one of his "cigarettes."

or

a ride home or

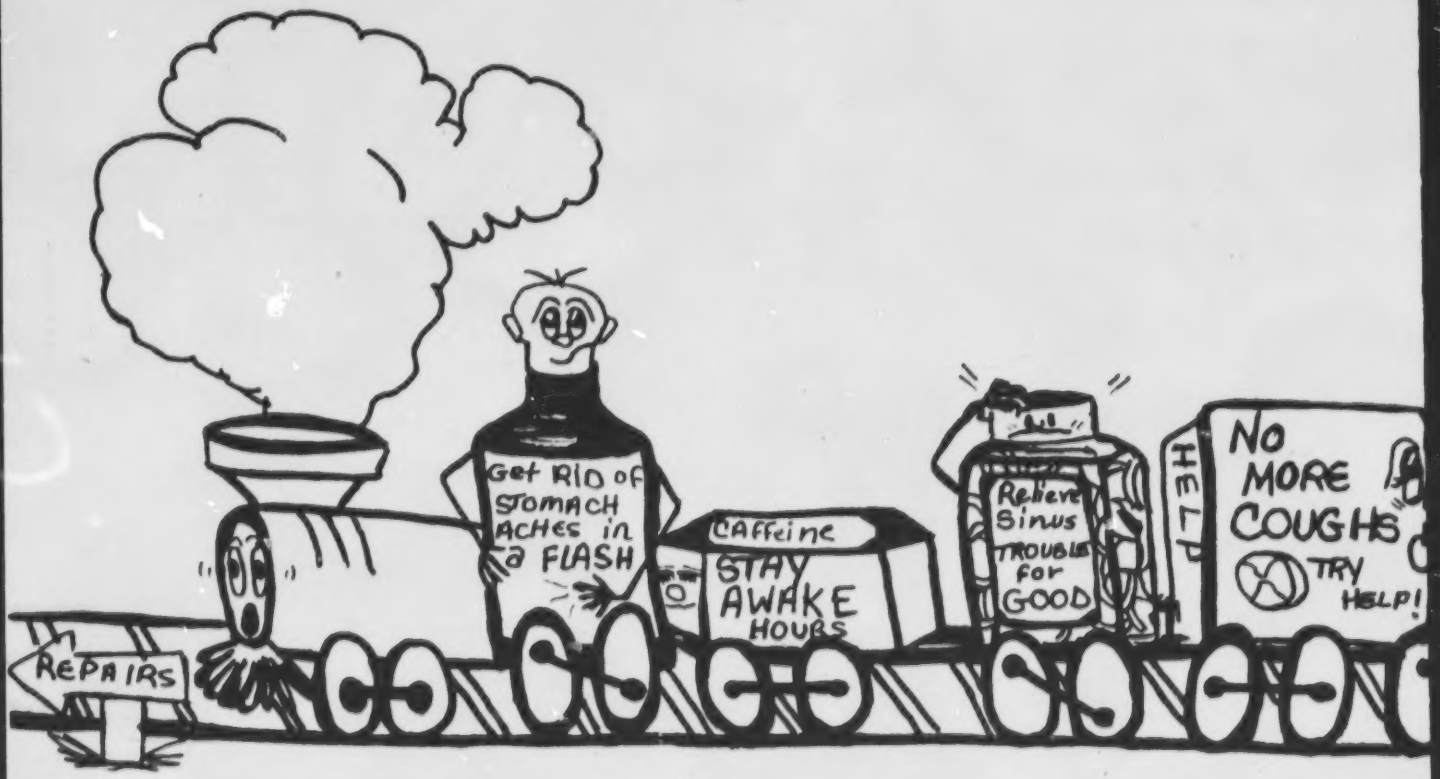
some chewing gum. (LA, Hea)

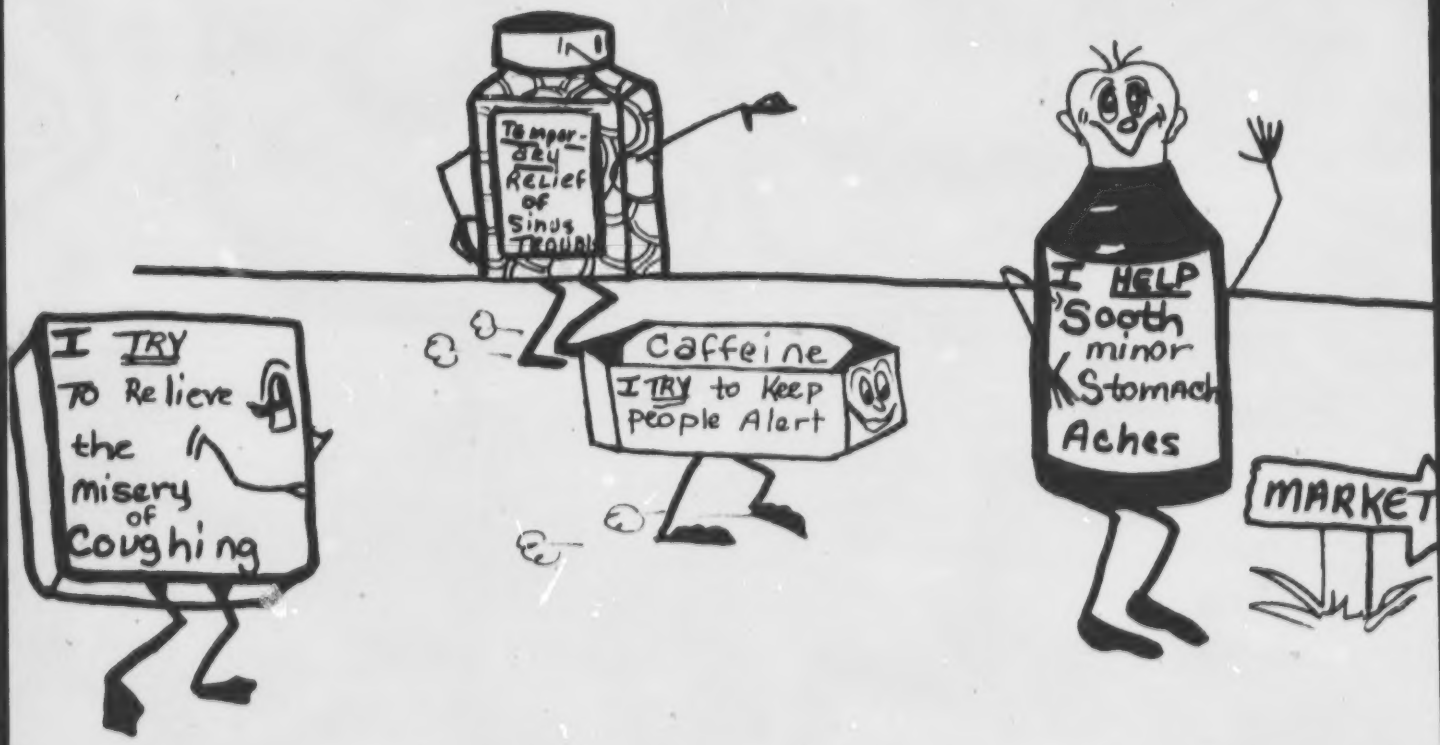



9. Have older students wrap boxes in different types of wrapping; e.g., flowered, dull colors, bright colors, newswrap, neat and messy. Let the students bid on the packages. Open and discover same substance in each one, e.g. peanuts.

Discuss the way in which "packaging" of drugs may be a good indication of what they are. To further illustrate that point, bring to class pills that look alike but are entirely different, e.g., aspirin, anti-acid, prescription drug. (Art, LA)

10. Bring to class several examples of exaggerated claims in drug advertisements. Have the children compose advertisements that would be more truthful. (LA, SS, Learning Ctr)





Temporary RELIEF of Sinus TROUBLE
I TRY To Relieve the misery of Coughing
Caffeine
I TRY to Keep people Alert
I HELP Sooth minor Stomach Aches
MARKET

***CONCEPT VIII.*** ***Rules and laws exist to protect the well-being of each person.***

1. Make the following worksheet relating to drug control for the students. Assist them by supplying resource material for their research.

# People—Their Responsibilities in Control Drugs

| |
|---|
| F.D.A. |
| Manufacturer |
| Physician |
| Nurse |
| Pharmacist |
| Law Enforcer |
| Parent |
| ME |

WHAT DOES THE DRUG LABEL SAY?

2. Directions: The teacher may ask students to fill out this worksheet on various empty Rx medicine bottles he/she has brought to class (or students may get parents' cooperation in doing the sheet on a medicine at home.) It can be an individual or group activity. (Sci, LA, Hea)

If your eyes are good and you can read small print, you should be able to find all this information printed on every label of every over-the-counter drug package.

1. What is the name of the product? _____

2. What is the name and address of the manufacturer, distributor, or packer?

_____

3. How much does a full package contain? _____

4. What is the product used for? _____

_____

5. What are the directions for safe use of the drug?

6. Does it have special W A R N I N G S or C A U T I O N S ?

7. Are there any Side Effects?

8. What active ingredients are in the product?

9. You probably found some very long words. Write down some words you do not know. Find these words in the unabridged dictionary; write down the meaning.

Words: (1) _____

(2) _____

(3) _____

44

# MAKING DECISIONS

1. The student encounters a problem.

2. The student studies the problem through reading and/or checking out a variety of alternatives.

3. The student considers a variety of solutions, thoughtfully studying the possible consequences of each one.

4-6

4. The student makes a choice taking a good look at himself. It's his decision and he will have to live with it.

5. His decision might not agree with those of others, but he has the reasons for it, and he is happy with it.

6. The student evaluates the results of his decision.

GRADES 4-6

***CONCEPT I.*** ***Individuals have some responsibility for their own decisions concerning drugs.***

LEARNING EXPERIENCES

1. Lead the students in making a list of the decisions they have made during the past 24 hours. Have the class discuss some of those. Ask the students to decide which were wise decisions, which were not, and why. Lead the students in discussing guidelines which might help in decision-making and list some on the board. The guidelines might include the following:
   a) identify the problem clearly,
   b) establish plans for study or action,
   c) consider consequences of possible acts,
   d) choose the wisest course of action,
   e) evaluate the action for future decisions. (LA, Hea, CEd)

2. Have students interview adults who are important in their lives, e.g.

   a. parents
   b. teachers
   c. neighbors
   d. relatives
   e. church leaders
   f. doctors

   Ask the question, "What does responsible drug use mean to you?" (CEd, LA, SS)

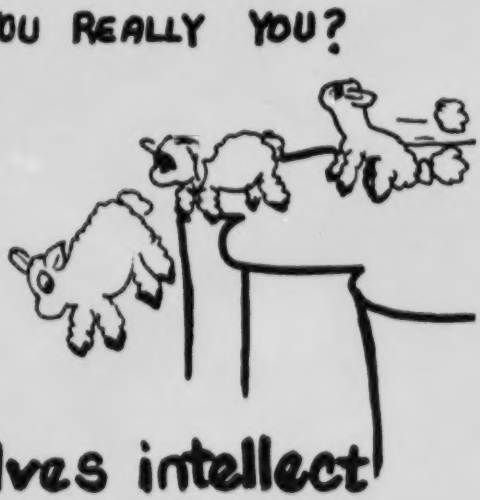
3. Invite some successful athletes, doctors, judges, lawyers, or law enforcement officers to speak to the class on abstinence from drugs (including alcohol and tobacco). Have children primed to ask why these people have chosen to live without those drugs and how they dealt with pressure to use them. (CEd, SS)

# "Inquiry is a necessary part of decision-making"

4. Have students make lists of attributes expected in one who is a friend. Discuss the lists when completed.

   Have students write essays on "Ways My Friends Influence Me," and "Can I Really Be Me?" Share the essays and discuss why it is important to let your friends make their own decisions.

   Give the class an example of a girl or boy who is being pressured to try a drug. Let the students brainstorm about choices the child has. Put their ideas on the board and let them identify possible consequences of each choice. Lastly, and most importantly, let the students brainstorm suggestions about ways to deal with the pressure. (LA, Hea)




# "Decision-making involves intellect as well as feelings"

5. Through discussion, have students establish the social groups to which members of his/her family belong. Examples: Boy Scouts, YMCA, Optimist Club, church groups, YWCA, Girl Scouts, etc.

   Ask individuals what is required to belong to the group. Ask if one must give up his individuality to belong. Does the group have any responsibility to individual members even if such members occasionally disagree? How do these formal groups differ? (SS, LA)

# Consider Consequences

6. Let students use this problem-solving worksheet to work through examples relevant to them. Students might work individually and follow-up with group discussion. (Hea, LA)

PROBLEM-SOLVING WORKSHEET

| | Example:<br>1. Two friends pressure you to use a drug. (Teacher may specify drug.) | Example:<br>2. Student observes junior high student sell a friend a drug. | Example:<br>3. Your friend asks you to buy spray paint for sniffing. |
|---|---|---|---|
| A. What would you ordinarily expect yourself to do? | | | |
| B. What else could you do? Make a list. | | | |
| C. What would you feel most proud of doing? | | | |
| D. What would probably have the most favorable long range consequences? | | | |
| E. Other comments: | | | |

## *CONCEPT II.* *Advertising and other people's opinions can influence a person's feelings and decisions.*

LEARNING EXPERIENCES

1. Have students monitor TV advertising during prime-time broadcasting in their area. Ask them to list the patent medicines that are advertised.
   a) With what is the product shown, and in what setting?
   b) What does the commercial suggest about the product?
   c) What claims does the product make?
   d) Does the commercial give any information regarding the product's ingredients of effectiveness?
   £) What do you remember about the product after seeing the commercial?
   g) How many different brand names of the same kind of medicine were advertised during the period you monitored? (LA, Hea)

2. Have students find drug ads in magazines and newspapers. Discuss them. Make a collage of the ads. Which are most appealing to you?

3. Have students watch TV for a certain hour. Cover all channels with viewers. Count the number of drug ads which were shown. Which channel had the most?

4. Have the students write and/or draw commercials using any or all of the propaganda techniques. (LA, Art)

5. Have the students make their own packaging for a product. Have class judge products on appeal. (Art)

6. Have the students keep a Media Log for a number of days. Assign them a medium and have them record news or advertisements that deal with drugs. Ask them to pay particular attention to the attitude expressed and the way the item or commercial made them feel about drugs. (Hea, Consumer Ed)

Media Log

Student _____
Medium Assigned _____
Specific Topic _____

| |
|---|
| PRODUCT NAME AND SOURCE:<br>(Program, article, commercial, or advertisement) |
| BRIEF DESCRIPTION: |
| INTENDED USE OF DRUGS: |
| ATTITUDE EXPRESSED TOWARD DRUGS: |
| SELLING APPROACH |
| COMMENTS |

7. Here are some typical statements with which you might be confronted.. Write what your response to each would be.

   1. "Drugs can give you great understanding of yourself."

      _____

      _____

   2. "If you don't try drugs, you'll be admitting that you're afraid of finding out something you don't know."

      _____

      _____

   3. "Try it just to see what it feels like."

      _____

      _____

   4. "You have so many problems and need an escape. Drugs help you to do it."

      _____

      _____

   5. "Are you really going to believe all that stuff you hear from your parents and teachers about drugs being bad? They're great--try them you won't get hooked from one try."

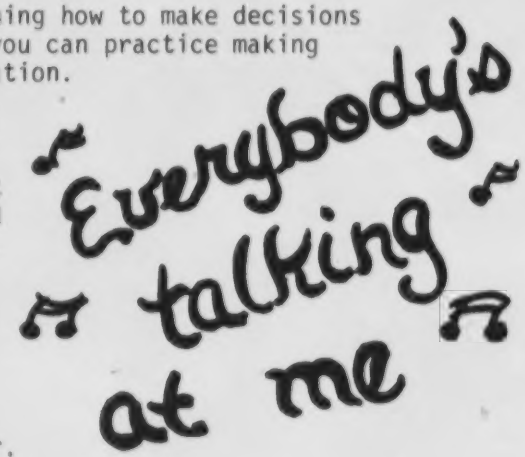
      _____

      _____

   (Hea, Sci)

8. Part of the growing-up process involves learning how to make decisions alone. Here are some situations with which you can practice making decisions. Check one response for each situation.

   1) You have worked hard on a school project staying up late to get it finished on time. The day it is due, another student says he doesn't have his project finished and asks the teacher for more time. She gives him two more days to complete his project.
   Would you:
   a) decide not to make yourself work so hard anymore;
   b) feel angry but say nothing;
   c) feel angry and complain to the teacher.




   2) Your imitation of a girl with a speech impediment is terrific. You know if she finds out about it she will be hurt. Would you:
   a) do it anyway because all the kids love it;

b) figure she shouldn't be so sensitive because you didn't mean any harm;
c) stop doing it.

3) You have tried out for the football team and didn't make it. Would you:
a) pretend you don't really care about sports;
b) try out for the basketball team;
c) watch the football team play and root for them.

4) You've found out that someone is spreading an untrue story about you. Would you:
a) ignore the rumor and be above it;
b) talk to the person who's spreading the rumor and ask him to stop;
c) tell everyone that the rumor is a lie.

5) A friend invited you to a party and she's the only person there you know. Would you:
a) go up to people and introduce yourself;
b) sit in a chair and wait for people to approach you;
c) trail after your friend all evening.

6) A student in your class has brought in some pills which he says are great and make you feel like you're flying. Everybody's going to try them. Would you:
a) refuse to take them;
b) report the student to your teacher;
c) try them.

7) Your father wants to take you hunting but you don't like the idea of killing animals. He enjoys hunting and thinks it shows a man's courage. Would you:
a) go because you know how much it means to him;
b) make up an excuse why you can't go;
c) tell him you don't want to go and why.

Discuss your answers in class. (Hea, Sci)

***CONCEPT III.*** ***Some medicines can be purchased only with a written prescription while others can be purchased over-the-counter.***

***CONCEPT IV.*** ***Any drug or chemical should be used and stored properly.***

# DRUGS CAN HURT US or HELP US

## LEARNING EXPERIENCES

1. Here are some activities to help us determine what we know and want to know.
   a. Have students define what the term "drugs" means to them.

   b. Have students look up definition of "drugs" in a variety of dictionaries. Compare the definitions.

   c. Students will share what they know about drugs in an open-ended class discussion. Accept all contributions without evaluation (brainstorm). Record the contributions and save for future reference. Possibly the contributions could be taped and played back at the end of the unit.

   d. Have students make a list of "things we want to know," or make a question box. These questions should be used in determining the nature of some future activities. Save the list of questions for future reference.

   e. Present these probing questions to gather knowledge or values that the pupils may have or know about drugs.
      1) What do you think about drugs?
      2) Are all drugs dangerous?
      3) How do we take drugs?
         - Most drugs are swallowed (pills such as aspirin and penicillin, liquids such as cough syrup)
         - Some are administered by injection
         - By breathing in. (Hea, Sci)

2. **SAFETY RULES**

OUR LIST:

1.

2.

3.

4.

5.

6.

7.

8.

Divide the class into small groups and ask each group to make a list of safety rules in the use of drugs and medicines. Compare the lists and develop a master list for the class. The teacher may check to see if the safety rules listed center around these main ideas concerning drug safety:

a) Carefully follow directions written on the label of all prescribed medicines.
b) Use "over the counter" medicines wisely.
c) Keep all medicines out of the reach of young children.
d) Make sure each container of medicine is labeled.

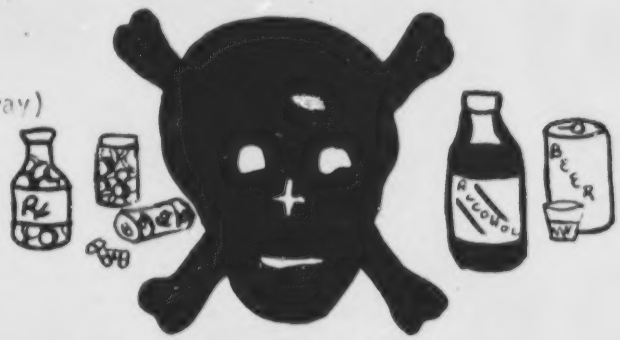
e) Safely discard medications that have lost their effectiveness or are no longer needed.
f) Refuse medicines offered by peers or other unqualified persons. (Hea)

3. Give each student a drawing of two pills. Have them name the two cartooned pills and write stories, poems or plays singly or in group about how a drug can be either harmful or helpful, depending on use. (LA)

4. Volatiles are chemical substances which give off strong smells and fumes. Fumes are vapors or gases that leave the volatiles and spread out in the air. Volatiles will burn very easily when they are lighted. A few volatiles will even explode. When volatiles are not used properly, they can be dangerous and even cause death.

Here is a list of a few volatiles:

aerosols (deodorant and hair spray)
glue
automatic transmission fluids
gasoline
kerosene
paint lacquers and thinners
lighter fluids
cleaning fluids




Many people use volatiles in their homes. If they are used properly, they may be helpful and safe.

On the chart, fill in the columns by looking for volatile substances found in your home.

| Volatile Substance | Where did you find it in your home? | Is the item safely stored? | Is the item clearly labeled? |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

5. Gather labels from containers of non-prescription and prescription medicines. Then let the children classify labels according to whether or not the medicines are prescription or non-prescription. (Hea, Sci)

6. Have the children write a list of non-prescription medicines commonly found in their homes and tell where these medicines are kept at home. (Hea, Sci)

7. Make a list on the chalkboard of drugs known to the class members. Teacher may add any drugs which the children did not include in the list.

a) alcohol
b) amphetamine
c) antibiotics
d) aspirin
e) barbiturate
f) caffeine
g) digitalis
h) heroin
i) LSD
j) morphine
k) nicotine

Have the pupils make a chart using the headings: prescription drugs (Rx) and over-the-counter drugs (OTC). Allow time for the class to do research to find out if the drugs previously listed are OTC or prescription. Provide an opportunity for the children to write the names of drugs under the proper headings. (Make a third category, Illegal, for those drugs that are not legal to use.) (Hea, Sci)

8. These activities can be used to prepare a handbill on drug safety.

Materials: Information on drug safety from FDA.

Procedures:

a. The class will jointly prepare a list of safety precautions to be followed with drugs used in the home. Gather information on using OTC and Rx drugs.

b. Plan an interesting handbill which presents the most important precautions.

c. After a satisfactory design has been developed, use a ditto machine and print the handbills.

d. Distribute these at the neighborhood shops, schools, and public libraries. Ask store owners to put the handbill on the check-out counter. The class should provide a "Take one" sign. Don't forget to identify the school and class.

Follow-up: Do a neighborhood survey to find out who saw the handbill and what they learned from it.

Evaluation:

a. Tabulate the number of locations, number of handbills distributed, and number of individuals who reported receiving handbill.

b. Analyze the responses collected through the neighborhood survey.

c. Question the students themselves on the information contained in the handbill. (Hea, Math, LA)

***CONCEPT V.*** ***Different drugs have different effects on the mind and body.***

# DRUGS can be GROUPED ACCORDING to how they AFFECT US...

Relieve Pain

DEPRESS

STIMULATE

LEARNING EXPERIENCES

1. Have students differentiate between different physical forms of drugs; e.g., solids, liquids, gases. Make a class chart using magazine pictures to illustrate the forms. (Sci)

2. a. Brainstorm a list of drugs under the following category headings:

Sedative-Hypnotics
- alcohol
- barbiturates
- minor tranquilizers
- tranquilizers
- volatile chemicals

Stimulants
- amphetamines
- cocaine
- antidepressants

Hallucinogens

Narcotics

Marijuana

Other
- poisons
- vitamins
- antibiotics

b. Have the students make a display of the kinds of drugs (mock-ups) grouped by categories.

c. Have students briefly list effects of each category.

d. Utilize a wide variety of resource material and people to develop an understanding of the listed drugs and their effects. (Hea, Sci)

3. Let the pupils write a play and present it in class or to other school groups involving a pill and its journey through the body. Roles can be written for each organ or system of the body. Stress should be placed on how the orderly function of the body is affected by medicines. (CrDra, Sci)

4. Have students research information about antibiotics. Encourage them to include information about sources, examples, and uses.

   Then let them construct a chart to show the information gathered relating to antibiotics.

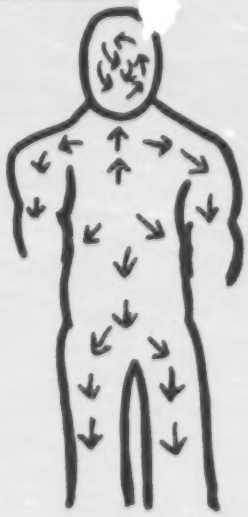
5. a. Give several children an assignment to report effects of alcohol on the body. Reports should include:
   - feeling of happiness or pleasantness
   - anger or aggressiveness
   - drowsiness, sleepiness, or "passing out" (unconsciousness)
   - lack of physical and mental coordination
   - alcoholism (addiction)
   - liver, heart, and brain damage

   b. Discuss how drinking affects nondrinkers. (SS, Hea)

6. Make a chart on the use of aspirin. (Use other drugs for the same activity, e.g., cough syrups, cold tablets.

| Drug or Medicine | Good It Can Do | Harm It Can Do |
|---|---|---|
| | | |

7. Do an experiment to show how substances taken into an organism travel through its circulatory system. Select two or three white flowers or pieces of celery. Select 3 containers that hold about one-half pint of liquid each and fill them almost full of water. Label the containers Experiment 1, Experiment 2, and Control. Add five or six drops of food coloring (red, green, or blue) to each of the containers labeled Experiment 1 and Experiment 2 and mix to get a deep color. Omit the coloring from the control container. Place one flower or celery stick in each container and set



the container aside for seventy-two hours. The class should observe these plants often. Record time and observations. Discuss what is happening to the plants and explain why. Help the class understand that man absorbs substances through the walls of his digestive system in much the same process as these plants did in the experiment. Man also absorbs substances (gases) through the walls of the lungs. Variations of these experiments may be done in science or health classes or by the pupils at home. (Sci, Hea)

8. Help the children to do the following experiment to illustrate that some substances enter the body through the respiratory system. Collect two insects (grasshoppers) about the same size. Take two medicine containers that are about one and one-half inches in diameter and two or three inches tall and that have screw caps. Place a piece of cotton in the bottom of one container with chloroform or duplicating fluid. (Do not have an excess of liquid in the bottle.) Put a few drops of water on the cotton in the other bottle. Immediately place the insects into the bottles and screw the caps in place tightly. Observe for five minutes. Record observations. Have the children explain what happened in the bottle with the chloroform. Help the children understand that this is what happens when someone inhales fumes from substances such as glue, gasoline, or any other substance that vaporizes easily . Let the children do this experiment, using several agents that are usually available in homes. (Sci, Hea)

9. This activity will demonstrate that drug habits may a handicap in certain vocations.

   Develop a broad and extensive list of vocational jobs and professional positions.. Below is an example of a student-made list:

   Airplane Pilot
   Gas Station Operator
   Minister
   Bus Driver
   Surgeon
   Teacher
   Nurse
   Secretary

   Next ask pupils which jobs could be dangerous if the person performing the job used the drug while at work. Have pupils tell why they think so.

   Devise a code like--D = Dangerous  ND = Not Dangerous

10. Advise pupils, through discussion, newspaper clippings, magazine articles, or other means, that some drugs have more potential for abuse than others through prolonged use or misuse.

Example:

a. Hallucinogens (LSD, mescaline, psilocybin)

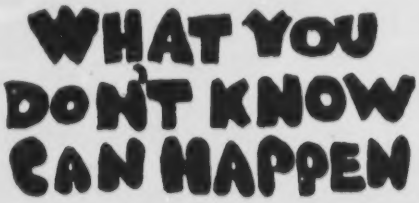
(1) Serious mental change

(2) Distorted perception

(3) Possible violent and/or suicidal reactions.

(4) Evidence of chromosome damage (LSD)

b. Opiates (morphine, heroin, codeine, paregoric)




(1) Physically addictive

(2) Judgement, self-control and attention impaired

(3) Danger of overdose, convulsions, death

(4) Painful withdrawal

c. Barbiturates (sleeping pills or depressants)

(1) Physically addictive

(2) Withdrawal painful and very dangerous

(3) Masks symptoms of other ailments

(4) Danger of overdose

d. Tranquilizers, amphetamines, etc. (Hea, Sci)

11. Have teams work on charts, graphs, posters, bulletin boards and reports on the effects of marijuana, tranquilizers, alcohol, and tobacco. (Teacher may order free information booklets from the National Clearinghouse on Alcohol and Drugs. See Reference Section.) (Art, Sci, SS)

*CONCEPT VI.* ***Drugs are used and abused for many purposes.***

# WHY DO WE USE DRUGS?

mass-media · 'Pain' · misinformation · Rites · TV · NO FRIENDS · SLEEP · PEER PRESSURE · Failure · ILLNESS · BOREDOM

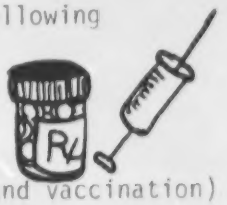
LEARNING EXPERIENCES

1. List and discuss the uses of such modern drugs as antiobiotics, the sulfas, insulin, antiseptics, analgesics, and antihistamines. (Hea, Sci, SS)

2. Gather information and materials on early ideas of medicines and their relationship to magic. Have students report on witch doctors, medicine men, and early doctors. (SS, Hea)

3. Ask students to review with their parents a recent time of injury or illness, recalling if medicine was needed, what was used, and why this was effective (if possible). Make a chart compiling the shared information. (Hea)

4. Have students discuss the role drugs may play in the following situations.



   a. treatment of illnesses or disorders
   b. treatment or prevention of infections
   c. relieving pain
   d. prevention of communicable diseases (immunization and vaccination) (Hea, Sci)

5. DRUG VS DISEASE

   Student Instructions:

   Some drugs have been of great help to man. In the chart below, write in the name of the drug that is used to cure, control or prevent the disease. Some drugs you will know; others you will have to research by looking up the disease in the encyclopedia or other reference provided by the teacher.

| Disease | Drug |
|---|---|
| 1. pneumonia | |
| 2. scarlet fever | |

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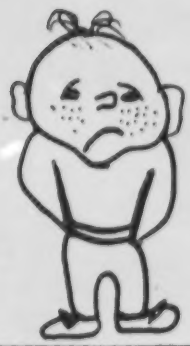
| Disease | Drug |
|---|---|
| 3. malaria | |
| 4. conjunctivitis (pink eye) | |
| 5. measles | |
| 6. diabetes | |
| 7. epilepsy | |
| 8. mumps | |
| 9. small pox | |
| 10. ear infections | |



Have you ever had any of these drugs?
When? _____

Why do you think only doctors are legally allowed to administer drugs?

_____

(Hea, Sci)

6. Make a long list of various disorders and diseases. Let each child choose two or three to research and find what drugs, if any are implicated. Let them use the chart to indicate types of drugs used. Share with the class. (Hea, Sci)

| Disorders/Diseases | Amphetamines | Barbiturates | Pain Relievers | Antibiotics | Tranquilizers | Vaccines | Other |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

7. Discuss use of alcoholic beverages by grown-ups. Point out: ceremonial uses - such as toasts at weddings, christening a ship, religious - communion, wedding ceremonies.

   Discuss the changing attitudes towards the use of alcohol through the history of man. (SS, Hea)

8. Read the following statements to the class. Ask them to respond to the question, "What do these statements tell you about drug use in our society?"

   - "I need coffee all day long to keep me going."

   - "If I didn't take a tranquilizer, I'd yell at my children."

"I need a couple of pep pills so I can study all night.

"I take an antihistamine before I get a cold, just in case."

"I smoke a lot because it gives me something to do with my hands."

"I need four aspirins, not just two.

"Over-the-counter drugs don't really do anything--it's just your imagination."

"I always have one drink before dinner. It relaxes me."

Do you think America is a drug-oriented society? Why or why not?

Vocabulary

antihistamine: _____
caffeine: _____
drug-oriented: _____
nicotine: _____
over-the-counter: _____
tranquilizer: _____

9. Think of three of the worst feelings you can have. What situations might produce these feelings? How can you get over these feelings? By doing something about the problem, you might say, but some people don't. They reach for a drug instead. The drug may ease their bad feeling for a while, but then it wears off and they may need more and more of the drug. And the problem is still there. Follow the outline below as your own personal problem-solving journal.

1. Feeling: _____
   Situation that causes feeling: _____
   Possible solution: _____

2. Feeling: _____
   Situation that causes feeling: _____
   Possible solution: _____

3. Feeling: _____
   Situation that causes feeling _____
   Possible solution: _____

10. Have students write responses to the following statements or questions.

Write your own definition of a habit here. Describe one of your habits. _____

_____

Are you ever conscious of it? When? Have you ever tried to break it?

_____

_____

What are the differences between a habit and an addiction? _____

_____

Is drinking coffee a habit or an addiction? _____

_____

What about smoking and drinking? _____

_____

When can drinking become an addiction? What are the results? _____

_____

Discuss these with your teacher and class. _____

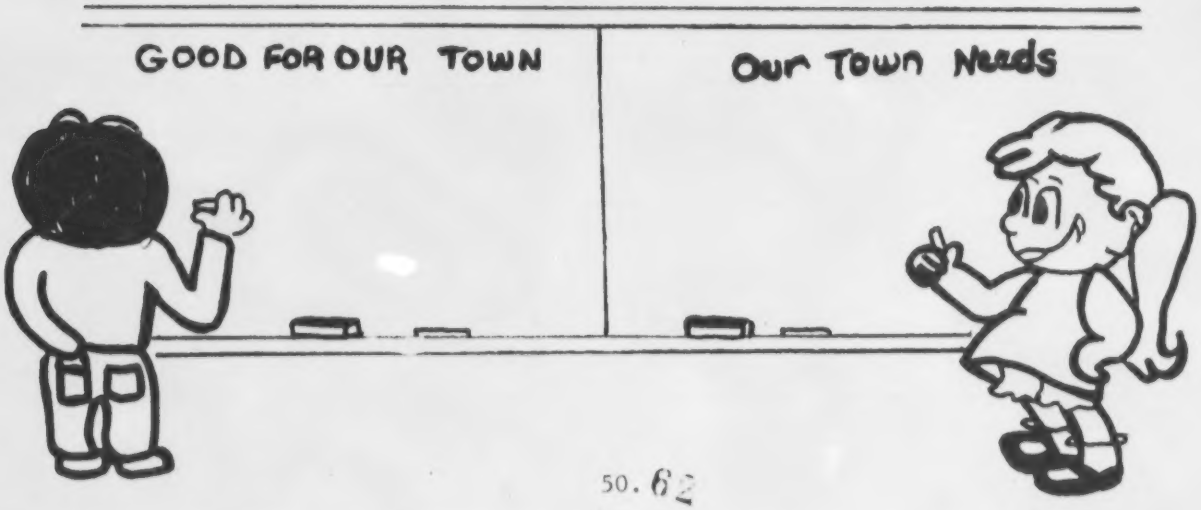
Vocabulary

addictive: _____
dependence: _____
habit-forming: _____

***CONCEPT VII.*** ***Rules and laws are important for the well being of all.***

LEARNING EXPERIENCES

1.



Purpose: Students will identify the community needs and problems related to drug and alcohol abuse. They will also identify the things that are good for the town.

a. Students should examine local newspapers (It would be helpful if there were articles relating to alcohol advise or drug misuse) Explain that they will look for articles involving things that are good for our town" and some things that indicate weaknesses or needs.

b. Divide a chalkboard into two sections. Label one section "Good for Our Town" and one section "Our Town Needs." Lead the discussion to include attention to strengths and weaknesses and encourage students to verbalize both positive and negative observations. List student responses in appropriate space.

c. As a class write a letter to the mayor or city councilman stating interest in community improvement and citing one or more of the concerns listed. Mail the letters with an invitation to come to the class to talk. (SS, LA)

2. Make a flow chart showing the three steps most drug companies incorporate in manufacturing a drug:

(1) RESEARCH

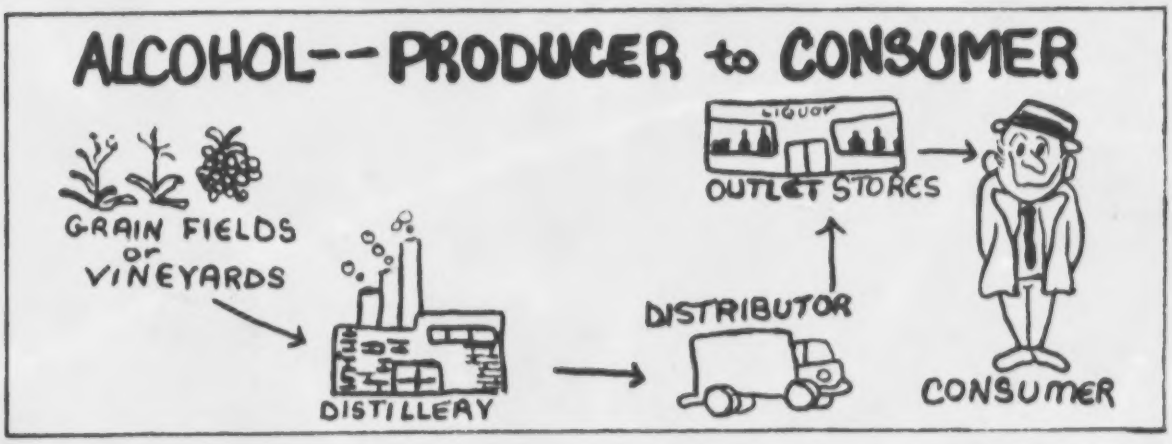
(2) PRODUCTION

(3) QUALITY CONTROL

Discuss what takes place at each stage of production. (Reference: World Book Encyclopedia)

Discuss why adequate research is so essential before a drug is legalized.

3. Have students develop a mural illustrating the responsible people who control drugs. Trace a legal drug from producer to consumer. Have them make a second mural tracing an illegal drug from producer to consumer. Discuss the difference in quality.



4. Have student groups do research projects on the economic impact of alcohol and tobacco production in Kentucky.

5. Break the class into small groups. Let them choose a local agency or group and determine its role in controlling drugs. Teacher should provide material (See Reference Section). Follow up by inviting one or more representatives from the agencies to come for a class interview.

   Some local agencies concerned with the control of drugs for the welfare of the public before the drugs are available on the market:
   - --Manufacturers
   - --Pharmaceutical professionals
   - --Medical professionals

   Some local agencies concerned with the control of drugs for the welfare of the public after the drugs are available on the market:
   - --Local law enforcement officers
   - --Judicial officials
   - --Public agencies such as the Department of Human Resources.

   Older students may do this project focusing on the federal level.

6. Information about specific drug laws and reasons for them is important for young people to acquire. Use student projects, discussion/lecture, or speakers (pharmacist, policeman, ABC official) to cover information on the following:

   Specific drug laws (local/federal)
   - --Tobacco
   - --Alcoholic beverage
   - --Marijuana
   - --Stimulants, depressants, hallucinogens
   - --Opiate-like drugs
   - --Laws and controls over other toxic substances such as glue

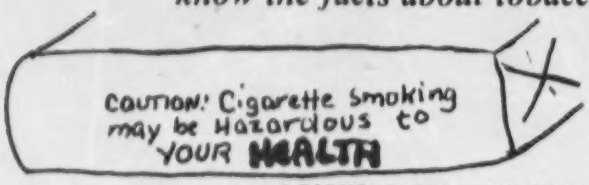
   Reasons for local/federal drug laws
   - --to control use
   - --to control sales
   - --to control traffic

7. Have students make their own drugs (m & m candy, soda straws, play dough, colored water). Pretend each substance is a cure for the common cold in a variety of forms. Lead students in a discussion of the need for controls before this drug is made available. Through the discussion, help them discover roles played by manufacturers, pharmacists and doctors. Have them decide on forms in which drugs will be dispensed and the amount of a drug in each product. Discuss control by agencies dealing with legal and illegal dispensing of drugs.

8. Plan a mock trial with props and designated roles. Have full class participation. Set up a situation of illegal use of drugs involving drug users, pushers, minors, by-standers, etc., at a party. Have the situation develop as follows: (a) party is reported (b) federal and state law enforcement officers raid (c) participants are informed of their rights (d) arrests (e) participants are charged accordingly. Choose lawyers, district attorney, witnesses, parents of minors, representatives of public agencies concerned and a jury. Let each student research information needed for his role. Conduct the trial. This could cover several days and could be taped and/or filmed by students for presentation to other classes or P.T.A.

9. Help students make a model city including all establishments where drugs can be purchased legally. (Example: drug store, grocery store, liquor store, hardware store) Mark with a flag places where drugs can be purchased.

***CONCEPT VIII.*** ***When a person is deciding about smoking, he/she should know the facts about tobacco use.***




LEARNING EXPERIENCES

1. Hold group discussions on how and when the students say no. Center discussions on the timeliness and importance of being able to say no. Begin with students brain-storming.
Ideas include - going against parent's rules, shop-lifting, smoking, drinking, and resisting peer pressure.

2. a. Have students brainstorm a list of reasons young people smoke. Analyze each one: Is it a good reason? Will smoking actually bring about that result? What are some other alternatives?

   b. Have students interview people who:
   (1) Do not smoke cigarettes.
   (2) Do not chew tobacco.
   (3) Do not smoke cigars or pipes.

   Ask why not?

   c. Have students create a collage showing the reasons why the individuals said they did not use tobacco in various forms. Teachers should emphasize the need for positive illustrations; e.g., picture of healthy vs picture of sick person.

   d. Invite ex-smokers to discuss steps which they took in changing their behavior.

3. There are several major health problems related to smoking. The most serious of these are listed below:

   Chronic Bronchitis
   Emphysema
   Cancer
   Heart Disease (some forms)

   Let the students offer the names of those they think they know. Then fill in the remainder, spelling out each of the four carefully on the chalkboard.

4. Have students investigate the effects of smoking on a nonsmoker who is present in various circumstances. Have them respond to (and then discuss) a values continuum.

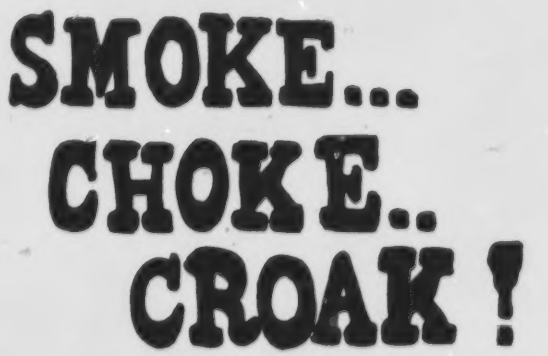
Place your position on this continuum.

| | | |
|---|---|---|
| X<br>Rights of the Smoker | (Specify various circumstances) | X<br>Rights of the Non-smoker |

5. Have students construct a poster.

Poster Contest. Ask art teachers to cooperate, but make sure it's open to everyone in the school. Ask for posters relative to students; relative to teachers; relative to parents; relative to the populace at large.

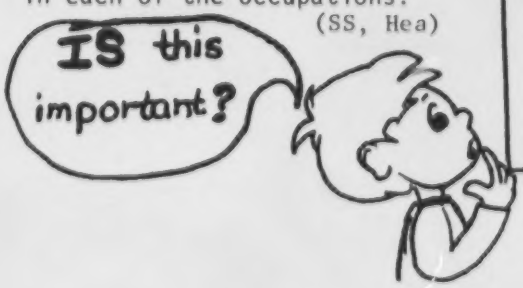
Have a slogan contest along same lines. (Art, LA)

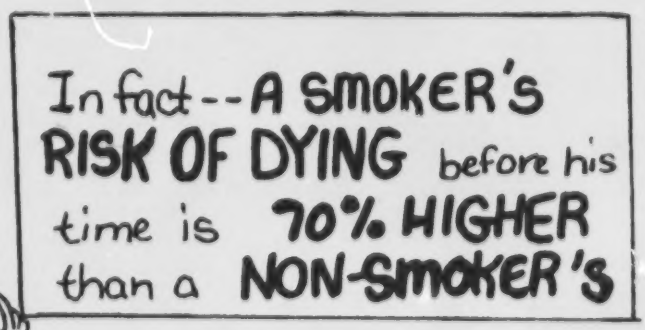


6. Review the basic findings of the report to the Surgeon General on Smoking and Health. (Hea, SS)

7. Have your class calculate the annual expense of smoking one pack of cigarettes daily. How could this amount of money be better used? How much interest would this money accumulate in a savings account at a rate of 4 1/2 %? 5%? 6%? (Math, SS)

8. Have students suggest different types of jobs which prohibit smoking. Compile a list and discuss why smoking is banned in each of the occupations. (SS, Hea)



History: The history of cigarette smoking would be a natural. Sociology: Study of smoking in other cultures; what are European countries doing about smoking?; what roles does smoking play in primitive cultures? Business: The cigarette tax and how much it brings into state and federal coffers. Biology: Ask chest physicians or medical schools for lung sections showing emphysema as well as normal lungs; examine under microscope and invite other classes. Chemistry: The role of carbon in lung sacs.

Home Ec: The particular problems women have in giving up smoking and the dangers of smoking to unborn children. Health: The effect of smoking upon health.

English: Ask English Department Head to have English teachers substitute a theme assignment on the rights of the non-smoker for a regularly scheduled one.

10. This short quiz may be used as a pre- or post-test, or simply to stimulate curiousity.

| | TRUE? | |
|---|---|---|
| a. Scientific evidence shows that cigarette smoking shortens life. | yes | → For smokers, risk of shortened life is 70 percent greater than for nonsmokers. |
| b. Inhaled cigarette smoke interferes with the breathing system. | yes | → For one example, smoking slows the cilia (hair-like brushes) that move impurities our of the lung. |
| c. Cigarette smokers have twice as great a chance as nonsmokers of dying from heart attack. | yes | → More men than women die of heart attacks. At least 60,000 more men are smokers than nonsmokers. |
| d. Most people can easily stop smoking cigarettes if they make up their minds. | no | → Yes, millions quit every year; but they start again. Really quitting often takes effort. |
| e. Cigarette smoking heads the list of causes of chronic bronchitis. | no | → "Cigarette smoking is the most important of the causes of chronic bronchitis in the U.S. (Surgeon General) |
| f. Among patients with emphysema the great majority do not smoke. | no | → On the contrary, most people with emphysema and chronic bronchitis are longtime heavy smokers. |

| | | | |
|---|---|---|---|
| g. Cigarette smoking is the major cause of lung cancer. | yes | → | Lung cancer kills many times more smokers than nonsmokers. No other cause is more important. |
| h. Cigarette smokers go on smoking because they enjoy the taste, charm, neatness of the habit. | no | → | Most smokers go on smoking because breaking the habit is hard. |
| i. It's too late to stop smoking if you've smoked for 5 years or more. | no | → | Longtime smokers who quit cut sharply their risk of death from lung cancer, bronchitis. |
| j. The best cure for the cigarette-smoking habit is not to start. | yes | → | Cigarette smoking is a habit hard to break, once established. It's better not to start. (Hea, Sci) |

11. Background: Smoking usually begins in the adolescent years. Facts must be known as to what happens to one's health in the process of smoking in order to help change attitudes towards smoking.

Purposes: To help students become aware of the possible health-hazards of smoking. To help students review information about smoking for an exam.

Materials: Cards with words related to smoking and health, chalkboard and chalk for marking scores, and a container for holding the cards.

Description for Presenting:

(1) This activity is conducted like "Password."
(2) Divide the class into two teams. Flip a coin to determine which team goes first.
(3) A card is picked from a container by the first player on the team that is to go first.

(4) The person either answers the question or passes the card to the first player on the other team to answer the question.

(5) If the person answering the question is unable to give the correct answer, the other team scores one point and the card is put back into the container.

(6) Then the next player chooses a word, etc.

(7) The first team to reach 21 wins the game.

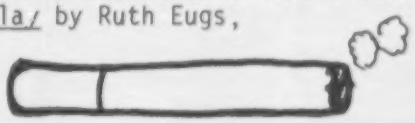
Discussion Questions:

(1) What are some warning signs of emphysema?

(2) What can be done to stop smoking?

(3) Why is the death rate higher among smokers than nonsmokers?

Important Considerations: Discuss the feelings and attitudes of the students toward smoking. (From Health Games Students Play by Ruth Eugs, et.al., Kendall/Hunt Publishing Company.



12. Background: The smoking of cigarettes is a dangerous habit. Smokers have a 30 to 80 percent greater overall mortality rate than nonsmokers. This excessive mortality rate is caused by a variety of diseases, the majority of which are heart disease, lung cancer, bronchitis, emphysema, and other respiratory ailments. Most smoking begins in adolesence.

Purpose: To have the students acquire information about smoking, the possible harmful effects it might have on them, why it might be important for them to avoid starting the habit, and steps that can be taken to stop smoking.

Materials: Five by five pieces of paperboard (one for each student), 50 index cards, and corn chips or other small objects for marking. (This game is similar to "bingo.")

General Instructions:

a. On the top of each paperboard write "SMOKE." Under each letter draw 5 squares as in the accompanying illustration.

b. On each of the 50 index cards place one term and definition relating to smoking. Place the letter "S" on 10 cards, etc., until there are 10 cards for each letter in "Smoke."

c. Randomly write the terms on the "Smoke" boards under the corresponding letter.

d. The following are examples of terms and definitions:

(1) Peer Group--one of the basic teasons why people start smoking.

(2) Leukoplakia--whitish thickening that is considered to be an early form of cancer of the lips, tongue, and mucous membrane. Usually found in cigar and pipe smokers.

(3) Co-Carbon monoxide is one of the major substances found in cigarette smoke that promotes coronary artery disease.

(4) Peptic ulcer--three to four times as many smokers die from this as nonsmokers.

(5) Bronchitis--respiratory disease commonly found in smokers. The cigarette smoke breaks down tissue and paralyzes cilia leading to the collection of mucous in the lungs.

(6) Smoking Clinic--a general term for a group that helps individuals who want to stop smoking.

(7) 8 Billion Dollars--amount of money grossed from cigarette sales, vending machines, advertisements, etc., in 1970.

(8) Nicotine--the most prevalent drug in tobacco. It is a powerful stimulant and produces both habituation and tolerance.

(9) Emphysema--a condition in which the air sacks in the lung lose their elasticity with resulting difficulty in breathing, and incapacitation of the individual.

(10) 15-25--the number of increased heartbeats per minute when smoking.

(11) Living Dangerously--pregnant women who smoke. They have twice as many stillbirths and spintaneous abortions and two to three times as many premature babies as nonsmokers.

(12) Low Birth Weight--women who smoke during pregnancy have smaller than normal babies.

(13) Parents Who Smoke--if one or both parents smoke the child has a greater chance of taking up the habit.

(14) Lung Cancer in Women--smoking women have a five-times chance of getting lung cnacer than nonsmoking women.

(15) Respiratory Problems in Women--the number of women dying from chronic bronchitis and emphysema has doubled in the last ten years.

(16) Working Women--working women have 17 percent more days ill in bed than women who have never smoked.

(17) Smokers--about 42 percent of the adult population in the U.S. smoke.

(18) Youth--36 percent of the boys and 22 percent of the girls this country have become cigarette smokers by the time they are 18.

(19) 4,444--approximately per capita consumption cigarettes in the United States.

(20) Surgeon General's Report--came to the conclusion that cigartte smoking is a major cause of lung cancer, heart disease, and increased risk of premature death.

(21) Wrinkles--smokers develop wrinkles faster than nonsmokers.

(22) Tax Revenue--tobacco growing, processing, manufacturing, and distribution are large and important parts of the national economy.

(23) 25-44 Year Olds--the age group shich has the highest proportion of smokers among both men and women.

(24) Education--the greater a man's income and the greater his years of education, the less likely he is or will be a smoker.

(25) Former Smokers--the greater the income and the greater the education the more likely the person is to be a former smoker.

Description for Playing:

a. This is played like "bingo". Each student is given a board and chips to place on the squares.

b. A term is called and its definition is read. If the student has the term on the card, he places a chip on it.

c. The first student to get a preset pattern is the winner. Such patterns can be "4 corners," vertical, diagonal, or horizontal rows, "X", or "Z", or "borders".

Discussion Questions:

a. Why might smoking be harmful to your health?

b. What chemicals in cigarette smoke are harmful?

c. Why do people continue to smoke even though they are aware that it is harmful?

d. What are some steps that can be taken to stop smoking?

13. This experiment is to demonstrate the effect smoking has upon the heart rate.

Materials: (1) Wrist watch

(2) One smoker

(3) Cigarettes

Procedure: It is recommended that students do this experiment at home with some adult who smokes, and record their findings.

a. The arterial pulse, taken at the wrist, is an accurate indication of the heart rate. One can take the pulse of his subject by placing the two middle fingers of the right hand on the thumb side of the wrist of the patient.

b. The patient's pulse should be taken two or three times to establish a base-line accuracy.

c. In each instance, record the pulse rate as the number of pulsations felt per minute.

d. Have the patient light a cigarette, then take the pulse as he has concluded the third or fourth puff.

e. When the cigarette is finished, take the pulse every fifteen minutes until the pulse rate returns to normal.

f. Chart your findings on a graph and determine how many extra heart beats one pack of cigarettes causes the patient.

g. With each beat, the heart pumps approximately 79cc of blood. Calculate the extra volume of blood, that is pumped by the heart when induced by smoking one package of cigarettes.

Conclusion: Smoking puts an extra, unnecessary load upon the heart and such a burden will, in the long run, shorten life.

14. This experiment shows how tars affect plants.

Purpose: To show the effect cigarette tars have on seedlings to produce

Materials: (1) Seedlings - Examples: lima beans, corn, sunflower, peas.

(2) Diluted tar solution - the solution can be made from tar accumulated in a smoking machine mixed with water. This experiment could easily follow a smoking machine demonstration.

Procedure: (1) Paint the stems or roots of the seedlings with the solution.

(2) After a few days, observe irregular masses of cells. (Hea, Sci)

15.

Purpose: To show the amount of tar that is found in tobacco smoke.
To compare the amount of tar that is in filter and nonfilter cigarettes.
To show the amount of smoke that may linger in an individual's lungs.
To demonstrate the bad odor of exhaled smoke.

Materials: (1) Plastic soap container or other empty plastic container (transparent if possible).
(2) Ball point pen barrel or tubing the size of a cigarette.
(3) Filter and nonfilter cigarettes.
(4) Cotton balls.

Procedure: (1) Rinse out container.
(2) Make an opening in the cap to fit the tubing into it.
(3) Place the tubing into the cap and seal it with clay if needed.
(4) Insert loosely packed cotton balls into tubing.
(5) Insert cigarette into open end of tubing.
(6) Press firmly on the container to force air out before lighting the cigarette, then proceed with a slow and regular pumping action.

(7) Withdraw cotton to show an accumulation of tar.
(8) Pass container around for individuals to smell and observe that smoke continues to be expelled for a period of time. (Hea, Sci)

16. Here are other simple experiments.

a. Using a cotton pellet which has been saturated with tars from the smoking machine, wipe the stems of several growing plants. Keep some plants as controls to observe the differences.

b. Wipe a cotton pellet which has been saturated with tobacco tars on the tongue of a live frog and note temporary collapse.

c. Place a small fish in water flask of smoking machine and note how the nicotine poisoning causes the fish to roll to one side. As soon as this happens, place fish in freshly aerated water to revive. Substitute tadpoles for fish and observe the results.

d. Place a drop of solution containing paramecia on a microscope slide. With the low power of a microscope, observe the movement of these one-celled organisms. Blow smoke from collection flask on the preparation and note the effects on the paramecia.

e. Make a nicotine insecticide by soaking cotton pellets from smoking machine or cigarette tobacco in water. Test and use as spray on insects.

f. Collect and mount newspaper articles about smoking.

g. List known components of tobacco smoke and pair with poison labels from common household products containing these chemicals. (Hea, Sci)

Try a Brand-New Switch - **QUIT!**

(Many of the Smoking Education activities were taken or adapted from materials from the Kentucky Lung Association.)

## *CONCEPT IX. Drugs come from many sources.*

LEARNING EXPERIENCES

1. Use flannel board to display various pictures of drug-producing plants such as leaves of tea (caffeine); marijuana plant; coca bush (cocaine)

plant; morning glory seeds (hallucinogens); catnip (hallucinogens) peyote cactus (mescaline). Discuss each picture with the students, then let them draw and color several of their choice. These could be used for essays entitled "Drugs Come From Many Things." (LA)

2. Discuss discovery of penicillin. Grow bread mold. Have students observe this with microscope. (Sci)

3. Using a bulletin board entitled "From Plants We Get Drugs," let students cut out pictures from magazines of various drugs we use which come from plants. Let them place these on bulletin board. (LA, Hea)

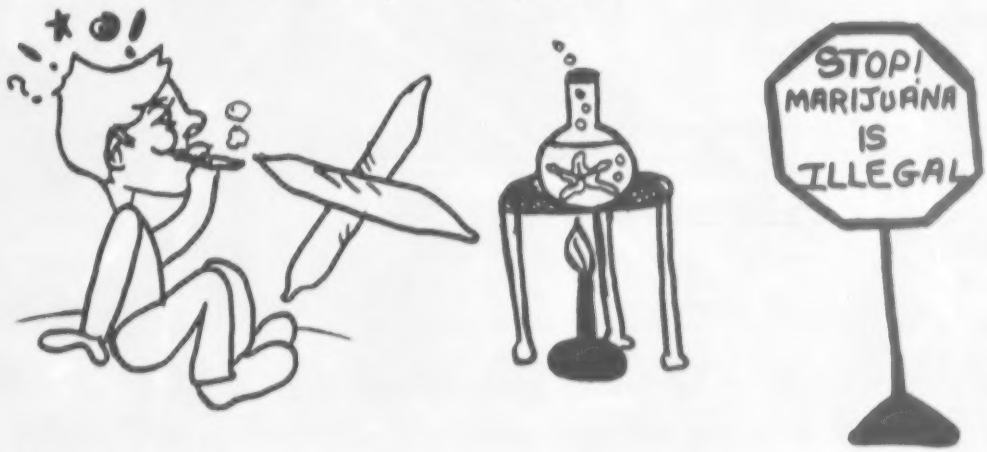
4. Using a map or large globe on a table in front of a previously prepared bulletin board, let students attach pieces of yarn from picture they brought to country on globe where the plant is grown. (SS)

5. Gather information and materials on early ideas of medicines and their relationship to magic. Have students report on witch doctors, medicine men, and early doctors. (SS)

6. Using reference materials, identify common medicines in use today that are derived from plants, animals, minerals, and synthetics. Students may research and report on various medicines. What is the specific source of the drug? In what form is the drug administered? What are the dangers of misuse of this drug? (Hea, Sci)

7. Have students report individually or in small groups on the following topics related to marijuana:

   a. Identification of the plant (leaf, packaged, and unpackaged)
   b. What are the physical and psychological effects of marijuana?
   c. How is it obtained?
   d. Why is it used?
   e. What does science know about it?
   f. What are the laws relating to marijuana?



"When two paths in a wood converge..."

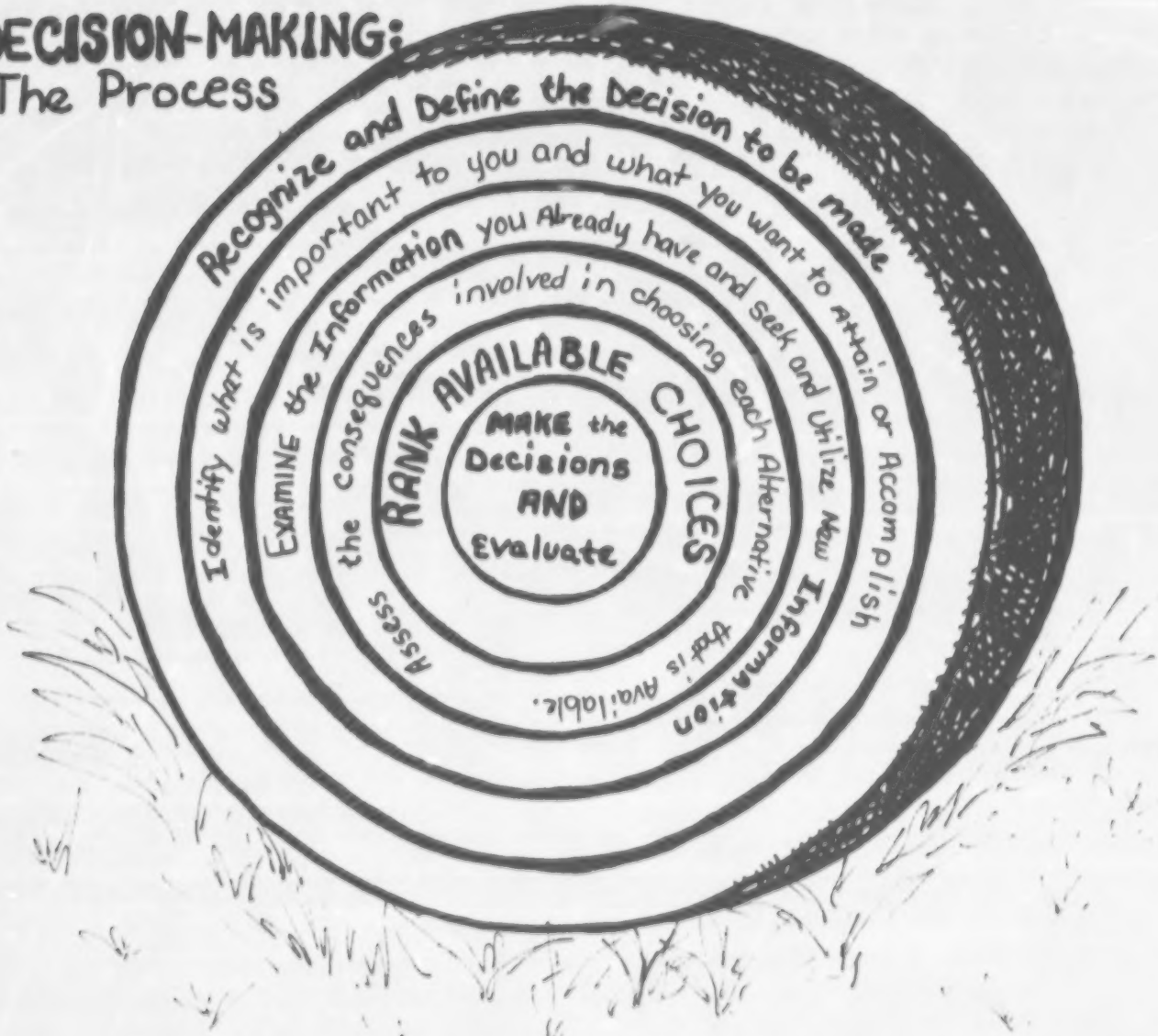
Robert Frost

# MAKING DECISIONS

GRADES 7-9

***CONCEPT I.*** ***An individual is responsible for his/her own decisions relating to drugs.***

***CONCEPT II.*** ***Intelligent decision-making about drugs requires knowledge, careful analysis, and the ability to deal with pressure or persuasion.***


DECISION-MAKING:
The Process
Recognize and Define the Decision to be made
Identify what is important to you and what you want to attain or accomplish
Examine the Information you already have and seek and utilize new information
the consequences involved in choosing each alternative that is available.
Assess
RANK AVAILABLE CHOICES
MAKE the Decisions AND Evaluate

## LEARNING EXPERIENCES

### 1. MAKING DECISIONS---- ALTERNATIVES, CONSEQUENCES, AND ACTION PLANS

People who deal most effectively with problems they encounter tend to be people who have learned and internalized a PROBLEM-SOLVING or DECISION-MAKING PROCESS:

| | | |
|---|---|---|
| PROBLEM | ... | identify a problem |
| UNDERSTAND AND CLARIFY | ... | gather further information, work with the problem to understand it fully, to know its dimensions, and to clarify it thoroughly |
| ALTERNATIVES | ... | identify several ways of responding to the problem |
| CONSEQUENCES | ... | look at each alternative to try to predict what would happen |
| ACTION PLAN | ... | decide on the best course of action on the basis of the information and feelings that have been identified and analyzed. |

Awareness-building and choice-making situations are useful. Teachers can provide experiences and opportunities for children and young people to probe and examine both real and simulated problems, and to think through what they would do. ("If I were faced with this problem, what would I do?")

Suggestions for the Teacher in Probing Decisions and Problem Situations:

First...Pose a problem situation to a group--a problem story, a "trigger" film or filmstrip. Problems might reflect current drug issues, a drug-related problem facing a person in a story or novel students are reading, a problem facing someone in their peer group. Whatever the problem is, it should be open-ended and real.

Then... Spend some time probing the problem--understanding its nature, clarifying its limits, gathering further information about it, and being sure that all in the group have a common understanding of the "facts" that are available.

Next... Now, have them suggest various ways of dealing with or responding to the problem--possible "solutions." BRAINSTORM--no suggestion should be disparaged, discarded, or even discussed at this point. Without comment, write all of the suggestions in a series across the chalkboard. (Initially, it might be best to work with the entire group. As they gain skill in using the process, they can break into small groups to do this step. It is essential, though, to maintain the idea of brainstorming--listing all possibilities without comment and judgment. The sifting and judging come later. Right now the stress is on the most creative thinking possible.)

After that. . . Take each of the alternative approaches in turn, ask group members to predict the consequences--predict what might happen if this approach were used. Write the predictions under each of the approaches.

Lastly... Now, ask each of them, individually, to write down what his personal decision would be--on the basis of the information he has and the thinking they have done together. How would he act, if faced with this problem?

NOTE: This should not be a laborious, drawn-out exercise. Particularly at the beginning when the teacher is teaching a group the process, this material should be paced smoothly and should involve a fascinating problem. After a group learns the process, they can set their own pace. Don't let them or you get bogged down in some phase of the activity.

a. Problem Situations

(1) . . . You are a high school teacher. A student in your class tells you the names of four boys in the school who are using PCP. You don't know any of these boys well, but you are surprised that these particular boys are into PCP. As a teacher, what would you do?

(2) . . . A fourteen-year-old girl whom you don't know too well--usually you both just smile and say "hello" to each other--comes to you at school and says she has taken "acid" a couple of hours ago. She says she is feeling sick and she is frightened, though she looks pretty much like she normally does. She pleads with you not to tell anyone, she doesn't want to get "busted," but she needs your help. What would you do?

(3) . . . A teacher has observed several students acting in a bizarre manner--extreme hyperactivity, periods of withdrawal and depression, some surprisingly angry reactions considering the situations. Other students have reported to the teacher that these students are using drugs, but the students in question have not sought help from anybody. What should a concerned teacher do?

(4) . . . Your parents have told you that you can have a party and invite about 20 friends, all under 18. Your parents have also indicated that they want no alcohol or drugs at the party, and you have agreed. The party is tomorrow night. Your father has an unexpected meeting and won't be home; your mother "trusts" you and your friends and will probably watch television most of the evening. Just today, one fellow you invited--a guy who is really popular and well-liked--told you another fellow who is coming would bring the whiskey. What should you do?

WRITE YOUR OWN -- (After the students have worked through some of <u>your</u> examples, let them write their own. Their examples will give you clues about current problems they are facing.

2. More Problem Situations

Have students place themselves on the values continuum, privately or publicly. You may want to follow some with a non-judgmental discussion of their positions and why they chose them.

a. ISSUE: A teacher discovers a student smoking marijuana in the school bathroom. What should he do?

BANISH HIM FROM THE COUNTRY ——————— INVITE EVERYBODY TO A POT PARTY

b. ISSUE: A student discovers a teacher smoking marijuana in the teachers' lounge after school. What should he do?

BANISH HIM FROM THE COUNTRY ——————— JOIN HIM

c. ISSUE: Students are regularly throwing food around and at each other in the cafeteria. Almost all students seem to be participating. What should the faculty and administration do?

CLOSE THE SCHOOL FOREVER ——————— GIVE THEM MORE "AMMUNITION"

d. ISSUE: A social studies teacher has been working with one of his students who needed a lot of help. One session, the student tells the teacher that a group of five boys--none of whom are personally known to the teacher-- are shooting heroin regularly. What should the teacher do?

SEND THEM TO TURKEY FOR OPIUM ——————— LINE UP A BETTER PUSHER

e. ISSUE: A seventh grade student is walking down the hall swinging his jacket. Just as he passes the Assistant Principal, he drops the jacket. As the Assistant Principal picks up the jacket to hand it to the student, a bag of marijuana and some pills fall out. What should the Assistant Principal do?

SEND HIM TO MEXICO ——————— MAKE AN APPOINTMENT WITH THE STUDENT SO THAT BOTH CAN TRY SOME DOPE

f. ISSUE: You feel someone is "messing over you" all the time, and you're angry. What do you do?

SHIP HIM TO SIBERIA ——————— HUG HIM

g. ISSUE: A student has confided in a teacher that he has been experimenting with drugs. What should the teacher do?

BANISH HIM FROM THE COUNTRY ——————— JOIN HIM

h. ISSUE: Both teachers and students have observed two students frequently selling or distributing pills and pot to other students in the school and on its grounds. It's an open secret. What should these teachers and students do?

CLOSE DOWN THE SCHOOL ——————— SET UP A STORE

(Continuum examples from Health Education: the Search for Values, Donald A. Read, et.al., Prentice-Hall, Inc.)

# 3. DRINKING: What would I do if...

These hypothetical situations can be used in various ways--as a class activity to practice the decision-making process; as an individual essay assignment, as a small group project.

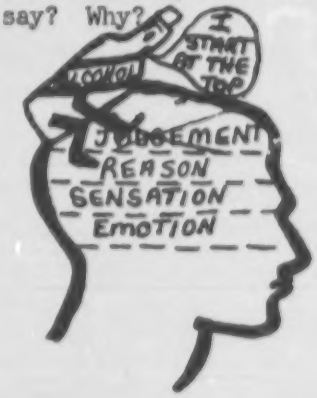
a. Your boyfriend at a party starts to get drunk. You know this is happening. What, if anything, do you say and do? How does he respond?

b. A good friend has offered you a ride home from school today, because your mother is off at a doctor's appointment, and you don't have a penny on you for a taxi or a bus. His mother comes roaring down the street in their green station wagon. Instead of stopping at the curb, she pulls right up on the sidewalk in front of the school. As soon as you get in the car, you can smell the liquor on her breath. You don't want to hurt your friend's feelings, and he isn't saying anything. On the other hand, you live four miles from school. What will you do? What should you do? Why?

c. You go home with your friend after school and find his mother drunk. What, if anything, do you say to your friend? What does the friend do? What does the mother say?

d. You are the parents of a son your present age. The police have just called to say that he is at the police station. He was riding with two friends in your eldest son's car. Your oldest (18) son was driving it while legally drunk and the police arrested him. The police tell you to come pick up both your sons. What, if anything, will you do with each? Why?

e. You are the parent of a daughter your present age. She has been out babysitting for your best friend till 2 a.m. Your friend just drove her home. You saw the car come weaving down the street and turn into your driveway, running over some shrubbery. You know your friend likes to drink heavily at parties. What, if anything, do you do or say? Why?




f. Your father has been drinking heavily and is about to drive your mother to do some grocery shopping. It is 5:00 p.m. and the roads are still icy from the previous day's snowstorm. She has no license and there is no food in the refrigerator. What, if anything, would you do? Why? What, if anything, should you do, or what would you want to do? Why?

g. Your 17-year-old sister has a date with her boyfriend. You just let him in the door and he's obviously drunk since he knocked over a lamptrying to sit down and has talked only nonsense. You go upstairs and tell your sister he's drunk and she tells you to mind your own business. You know they are going in his car to a party way on the other side of town. What should you do?

h. You are just finishing up softball practice and your brother has come to pick you up. He hates this task and you know it, but the field is several miles from home. A taxi would be expensive and your parents are working. This time your brother is roaring drunk but insists he's able to drive OK. You have about 25 cents on you. Bus fare home is 40 cents. What will you do? What should you do? Why?

i. You are invited to a big weekend bash and someone suggests "Let's all get good and drunk!" What will you do?

j. The police pick you up for drinking while driving. What will you say to your parents? What should they say to you?

k. Your 6-year-old child asks if he/she can have a drink of wine that is being served at dinner. How will you handle the situation?

l. You come upon a drunk who has passed out on the street. What is your responsibility, if any? What will you do?

m. Someone whom you respect and like tells you that she/he thinks you have a drinking problem. How would you react?

4. RULES AND REGULATIONS

This activity can be used for class discussion or homework assignment.

Prior to the class, students are given a sheet instructing them to set rules for a son or daughter their age regarding alcohol use. For example:

You are the parent of a son and daughter your age. What rules, if any, regarding their use of alcohol will you set? You may want to consider:

| | Son | Daughter | When | Amount | Type | Penalty for Disobeying |
|---|---|---|---|---|---|---|
| drinking at home? | | | | | | |
| outside the home? | | | | | | |
| driving after drinking? | | | | | | |
| buying liquor? | | | | | | |
| serving liquor to friends? | | | | | | |
| riding with a drunk driver? | | | | | | |

5. WHO IS RESPONSIBLE?

(Student essay or class activity)

a. In your opinion, who is responsible for the ways in which drugs are made, sold, or used? Write the numerals from one through nine on a separate paper. Next to each number write the name of who you think is responsible for each of the following activities. You do not have to write the name of a particular person. Instead, you might want to write the name of a group.

1. Making drugs safe to use.
2. Writing prescriptions for the use of legally-controlled drugs.
3. Choosing which drugs to use to help cure illnesses.
4. Filling prescriptions correctly.
5. Deciding which drugs can be legally bought in a store without a prescription.
6. Following the instructions on the lables on drugs.
7. Keeping drugs in a safe place.
8. Helping young children to take medicine.
9. Controlling the use of drugs.

b. Do you think that many different people are responsible for the ways in which drugs are used?

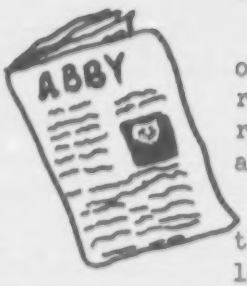
c. Is there someone or some group who you think has most of the responsibility for the use of drugs?

d. Do you and others in your class agree about responsible for the ways in which frugs are made, sold, and used?

# 6. "PEER PRESSURE"

Students need to explore ways to cope with pressures to drink. These hypothetical letters from various age students in situations of conflict regarding alcohol use can be used to discuss possible ways of dealing with peer pressures.

a. Scenario




Dear Abby,

My main interest is in junior high sports and everyone says I'm pretty good. I stick to all the training rules, but this makes me a walking joke in the locker room. A lot of the other guys brag about how they've all drunk beer many times.

Anyway, last Friday we won the semifinals. One of the guys managed to get a case of beer right into the locker room without the Coach knowing. (I don't know how he got it in the first place.) I was the only one who didn't take any, so I'm being pestered all the time about it. They whistle "How Dry I Am" every time I walk by in the hall. I'm tempted to get smashed, just to show them I'm not afraid. Does that make any sense?

Fed Up

Dear Abby,

We live in a "dry" town where everyone pretends not to drink. Of course, all the people who like their liquor just drive to the next town to get drunk. My family has wine with meals at home, which isn't against the law.

But the kids I go around with call my family "a bunch of winos" behind my back. Just last night a very good friend told me that I shouldn't start by having wine with my meals or I'll end up an alcoholic. That's never happened to anyone in my family that I know of. But could my friends be right?

I don't want to be picked on by my friends, but I want to fit in at home, too. Whom do I listen to?

Befuddled

Dear Abby,

Last week I went to the movies with three friends. On the way home we ran into one of their older brothers who had a case of beer in his car. He gave us a six pack saying, "It's about time you found out what life's all about." My friends thought this was a great chance and we all went to the river to drink. I refused to drink because I think I'm too young (I'm 15 years old), and because it's not worth getting caught by my parents and upsetting them and being punished. But my friends have now passed the word around the school that I'm chicken and a fink. The kids who believe them are the ones I want for friends because they're my type of friend, but I'm sick of getting picked on and being given the "cold shoulder." What can I do?

Bothered

b. Students write brief autobiographical accounts of one or more occasions on which there was peer group pressure exerted on them and they either resisted it or were influenced by it.

c. Essay or group discussion:

What, if any, are the best methods for coping with pressures from friends to drink excessively or drink moderately when someone doesn't want to drink at all? Why?

Why do people exert pressure on other to drink? Which of these reasons are all right and which are not for exerting such pressure? Why?

7. WHAT ABOUT HOSTING?

a. The following scenarios can be used for class discussion or for homework assignments. Students may write their own after a few examples. Other drugs, such as marijuana, may be added or substituted.

You and your wife (husband) are the hosts at a party of six couples. You have served beer and whiskey. It is the end of the evening and John and Lucy are about to drive home. You don't know exactly how much they've had to drink but John seems a little unsteady. What will you do? What, if anything, should you do? Why?

You are having a party after the Big Game and will be serving plenty of beer. You know that several kids will get drunk and want to drive home. What, if anything, will you do to prevent this? What, if anything, should you do? Why?

You are the 18-year-old host at a party for several friends after the football game. Sam, one of your friends, is just getting over mono and is under doctor's orders not to drink. Sam's girlfriend has asked you not to serve him anything. Sam is coming

over to you right now and you know he's going to ask you for just one beer. What, if anything, should you do? Why?

Host. You (Lou) and your spouse are the hosts at a party of six couples. You have served beer and whiskey. It is the end of the evening and John and Lucy are about to drive home. You don't know how much they've had to drink, but John seems a little unsteady. They live about 4 miles away. Lucy says, "Lou, I don't think my husband can drive safely. What should we do? I don't have a license." What do you say? What, if anything, should you say? Why?

Guest. You (John) and your wife have been having a good time at Lou's party. You've had about four or five beers since nine, (it's now 11:00) and your wife has had a couple. You're ready to drive home now. You live 3 miles away.

Host. You (Sam) are the 18-year-old host at a party for several friends after a football game. Susan is getting drunk on beer and you know that whenever this happens she gets sick, vomits and has an awful hangover the next day. She came without a boyfriend and has been flirting with several different people. She goes up to you, while you're at the icebox, and says, "Grab me another beer, will you!" What, if anything, will you do? What, if anything, should you do? Why?

Guest. You (Susan) are having a great time at Sam's party after the football game. You've had a few beers, but you don't think you're drunk , and you won't let yourself get drunk because you throw up when you do. Your boyfriend is not with you this evening, so you've been moving around talking to other people.

Host. You (Peter) and your wife are the adult hosts at a party of six cc ples. You have been serving mixed drinks. It is the middle of the evening and you can tell that Frank and Susan are both starting to get drunk. They drove over from their home 37 miles away and, because they couldn't find a babysitter, put their baby in one of your bedrooms to sleep until they are ready to drive home. Frank comes over to you and says, "Make me another Tom Collins for me and my wife." What will you do? What should you do? Why?

Guest. You (Frank) and your wife are having a great time at Peter's party. You were unable to get a babysitter so you drove over (37 miles) with your baby who's now sleeping upstairs. You've both had a few cocktails and feel fine, a little "high" perhaps, but not drunk. It's time to go home.

b. When the class has worked through some of the above situations, have them make a list of a host's responsibilities to his guests when drinks are served. Under each item, specify why.

A host's responsibilities to his guests:

1. _____

   why_____

2. _____

   why_____

3. _____

   why_____

8. PERSONAL DRUG INVENTORY

When beginning this activity, students should be told that this recorded information is strictly confidential unless they wish to discuss it with you at a later time. The purpose of this activity is solely for students to evaluate their own drug use behavior. After students have completed this activity, they may want to share their response to Item 4.

a. List the drugs you've used at any time in your life. Be sure to list all kinds of drugs, such as tobacco, coffee, alcohol, aspirin, prescriptive drugs, and marijuana.

b. Beside <u>each</u> drug list the following:

(1) How recently have you used this drug? Guess if you're not sure.

(2) If your feelings about the use of this drug are closer to a feeling of contentment write C. If they are closer to a feeling of guilt write G.

(3) Write down how much it has cost for your use of each drug in the last month.

(4) Write M for those drugs you took for a medical purpose, N for non-medical purpose, and MN if for both.

c. Beside the drugs you have coded N list the following:

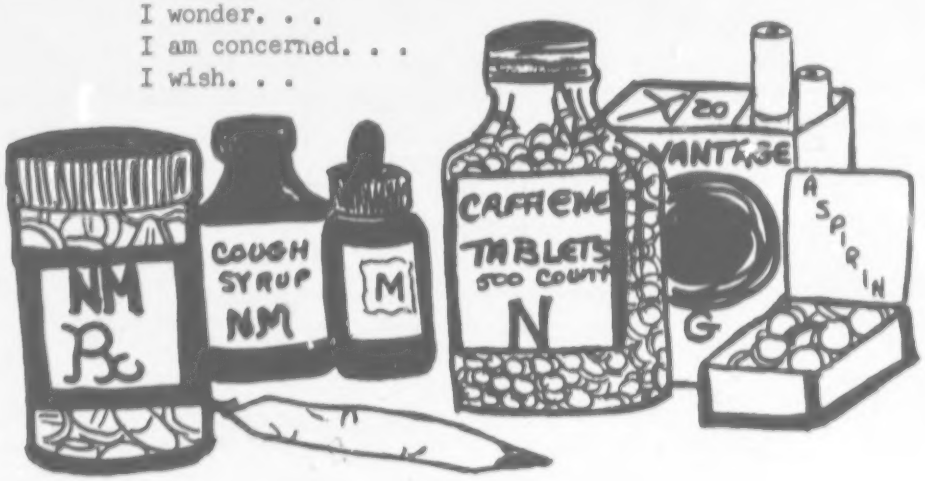
(1) Write A beside those you use alone and/or O beside those you use in the presence of other people.

(2) Think back on the first time you used each drug. Write I if it was your own idea and J if you joined others in using the drug.

(3) Write L if you feel this drug should be legal for all people your age.

d. After you have finished the codes, complete one or more of the following sentences:

I learned. . .
I wonder. . .
I am concerned. . .
I wish. . .



# 9. ADVERTISING

Have students collect specific commercials on radio and television and/or ads in magazines and newspapers and classify them according to the type of advertising approach used.

Familiar Types of Advertising Approaches:

"TELL IT LIKE IT IS"--straight-forward information

"ALMOST EVERYONE IS BUYING IT"—general statement or statistics indicating the popularity of the product

"SOMETHING NEW HAS BEEN ADDED"--new formula and/or new uses for an old product

"YOU OWE IT TO YOURSELF"--self-preservation or self-improvement

CELEBRITY APPROACH--product endorsed by a well-known person

SYMBOLS--special quality of the product identified with a symbol

BONUS OFFER--special inducements such as bonuses, coupons, opportunity to win in a contest

PUBLIC SERVICE--public service supported by company that makes product, e.g., ecology, charity

CONFIDENCE IN ADVERTISER--emphasis on reliability of the company and its employees

HUMOR--encourages viewers' attention and makes them feel good about the product

FOUNTAIN OF YOUTH/SEX APPEAL--product designed to make the viewer feel and look younger and be more attractive to the opposite sex

EYE APPEAL--use of photographs to demonstrate texture, scent or taste

10. ACCEPTABLE AND UNACCEPTABLE ALTERNATIVES

When is an alternative unacceptable? What is acceptable or unacceptable to a person is usually determined by his values. In the situation below, see if you can identify acceptable and unacceptable alternatives. Why are they either acceptable or unacceptable? Some examples of alternatives are given. Can you think of others?

Situation: You have a friend who confesses to you that he is dependent on downers (or uppers or pot or alcohol).

Your values: Loyalty. (Add your own values.)

_____

_____

Objective: You want to help him get "unhooked" and you know that he has not felt free to talk to anyone else.

| Unacceptable alternatives | Why are these unacceptable? |
|---|---|
| (1) Turn friend in to police or authorities. | 1._____ |
| (2) Tell your friend's parents. | 2._____ |
| (3)_____ | 3._____ |
| (4)_____ | 4._____ |

| Acceptable alternatives | Why are these different from the unacceptable? |
|---|---|
| (1) Get advice from drug counselor on how to help your friend. | 1._____ _____ |
| (2) Get the telephone number of local Drug Help Center. | 2._____ _____ |

3. _____ 3. _____

_____ _____

4. _____ 4. _____

_____ _____

Take a situation that is of real concern to you or your group friends, and apply a similar analysis to your situation.

## 11. Ten Commandments

a. Think about rules and values which influence your behavior. List the ten most important rules, stated or unstated, which govern your behavior in relation to the use (or nonuse) of drugs. (Example: I never drive if I have been drinking; I never smoke pot because it is illegal.)

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

b. Look at each commandment you have listed and answer the following questions. Why do I feel this way? Is this commendment based on what I know about drugs? How did other people influence the way I feel about drugs?

12.

# VOTING

# VALUES CLARIFICATION

Asking students to vote can be a way of forcing them to begin to clarify values and take a stand on a position. Here are some sample, drug related questions on which they may vote, publicly or privately. The teacher may wish to eliminate or add items.

How many of you:

(1) Think there should be a minimum age for drinking?
(2) Think that the minimum drinking age should be fifteen? eighteen? twenty-one?
(3) Think there should be a minimum age for smoking?
(4) Think that marijuana should be decriminalized?
(5) Have ever faked your age in order to get a drink?
(6) Know someone who is hooked on alcohol? On cigarettes?
(7) Have tried to talk with that person?
(8) Think smoking should be banned in public places?
(9) Have ever driven after drinking?
(10) Have "quit smoking" at least once?
(11) Would take tranquilizers with alcohol?
(12) Think you'll smoke or drink when you're older?
(13) Hope your children won't smoke or drink?
(14) Have ever considered putting up a no-smoking sign in your house?
(15) Offer guests a drink in your home?
(16) Think marijuana should be legalized?
(17) Take aspirin when you have a headache?
(18) Drink at least two cups of coffee each morning?
(19) Have ever had a hangover?
(20) Think restaurants should have smoking and nonsmoking sections?
(21) Drink or smoke more now than you did three years ago?
(22) Get drunk at least once a month?
(23) Consider alcohol to be a drug?
(24) Would consider using a sleeping pill?
(25) Take novocaine when you go to the dentist?
(26) Enjoy taking medicines such as cough syrup?
(27) Think doctors are too drug-oriented?
(28) Think that the society was right in passing Prohibition laws?
(29) Think teachers should have the right to search students' lockers?
(30) Smoke cigarettes and enjoy it?

## 13. RANK ORDERING — VALUES CLARIFICATION

Rank order activities require a student to set priorities among his opinions and feelings--an integral part of the process of clarifying values. Here are some examples which the teacher may want to vary or use as is. Responses may be private, or shared with a partner or the class.

a. Which of these do you consider to be most harmful?

____Having two drinks before dinner every night

____Smoking pot once a week

____Smoking a pack of cigarettes every day

b. Which of the following would you least like your children to do?

____Drink two beers before dinner every night

____Smoke pot twice a week

____Smoke a pack of cigarettes a day

c. Which of these are you least likely to try?

____LSD

____Cigarette smoking

____Marijuana

d. What do you think is the most effective way to discourage drug abuse?

____Horror stories from addicts

____Horror stories from policemen

____Factual information about the effects of drugs

e. If a friend were using LSD, which would you do?

____Report him/her

____Join him; go along with the crowd

____Avoid him/her

____Ask him/her to stop

f. If your son or daughter were smoking pot, which would you do?

____Report him/her to the authorities

____Ground him/her for two weeks

____Ignore it

____Talk with him/her about it

g. If a parent were smoking heavily, how might you get him/her to stop?

____Send a letter saying how much you love him/her

____Leave the room whenever he/she smokes

____Hide his/her cigarettes

h. What might attract you to the use of drugs?

____The chance to expand your consciousness

____The need to go along with the crowd

____Curiosity

____The desire to escape boredom

____A wish for excitement, thrills

____The need to relax

i. If you came across someone pushing drugs to elementary school students, which would you do?

____Report him/her

____Ignore it

____Tell the students to stay away

j. Which of these facts would discourage you most from using alcohol?

____An alcoholic's life span is shortened by ten to twelve years

____In half the murders in the United States, either the killer or the victim, or both, have been drinking

____Alcohol costs $15 billion per year in the United States just in terms of time lost from work

k. What is the attitude toward drugs in your home?

____Total abstinence

____Laissez-faire

____Parents encourage the children to try alcohol (and praise their ability to hold their liquor)

l. How do you perceive alcohol?

____As a socializer

____As a tranquilizer

____As a depressant

m. Which do you prefer?

____Beer

____Wine

____Hard liquor

____Milk

n. On what would you rely if you needed help in breaking a habit?

____Self-discipline

____Talking with a friend

____Talking with your doctor

o. If you were a senator voting on how to allocate $1 million, what would be your priorities?

____Drug-abuse educational programs

____Drug-counseling crisis centers

____Long-term drug-rehabilitation centers

p. Through which of these would you prefer to expand your consciousness?

____Meditation

____Pot

____Reading

q. What is the best way to "control" drug abuse?

____Decriminalization

____Harsh penalties

____Educational programs

r. Regarding drugs, to whom would you be most likely to listen?

____A recovered addict

____A physician

____A policeman

____Peers

s. Which of these is your opinion?

____There is no drug abuse problem

____Legal drugs are most abused

____Illegal drugs are most abused

t. Regarding drugs, which of the following would be your motto?

____"Curiosity killed the cat."

____"Try it, you'll like it."

____"I'd rather fight than switch."

____"You only go around once in life--get all the gusto you can."

u. Which of these do you consider to be most harmful?

____A parent with a violent temper

____A parent who is an alcoholic

____A family in which there is no love between the parents

v. What do you think our country's priorities should be?

____Drug education

____Ecology

____Poverty

w. Whom do you think should be responsible for drug education?

____The family doctor

____The home

____The school

(The above examples are from Health Education: The Search for Values, Donald Read, et.al., Printice-Hall, Inc.)

14. H. Have the students rank the following ten situations according to how strongly they feel about each one. (Rank according to how strongly you feel, regardless of whether the feeling is positive or negative.) Use number 1 to indicate the situation you feel most strongly about, and number 10 for the situation you feel least strongly about.

a. How strongly do you feel about the customs officer in New York who accepts a bribe to allow 10 pounds of heroin to slip through customs into this country? You can identify this by the key words--"CUSTOMS-BRIBE." If you feel extremely strongly about this, you might place CUSTOM-BRIBE after number 9 or 10. You can put it any place and you can change it as many times as you want. As we continue to rank and value different situation. When we complete this ecercise, you'll have a list beginning with 1, the item you feel most strongly about, to number 10, the item you feel least strongly about.

b. How do you feel about the young man who introduces his best friend to alcohol or pot. Use FRIEND to identify this situation.

c. How strongly do you feel about the sheriff or policeman on a beat who takes a bribe to turn his back so

that the bootlegger or pusher can deal? Use BRIBE to identify this one.

d. A high school student goes in to see a counselor requesting help because of drug involvement. As soon as the student leaves, the counselor calls the student's parents. The key word is COUNSELOR.

e. BOY FRIEND - A boy turns his girl friend on to pot, using their mutual affection to bring pressure on her to try marijuana.

f. PUSHER - A pusher knowingly substitutes PCP and sells it for THC. (Leader may want to go into detail on these two drugs and on how common this substitution is.)

g. ADDICT - A user on H goes on a methadone maintenance program, but sells his methadone, using his methadone only a day or two before he goes back to pick up a new supply in order to be able to pass analysis.

h. DRUG COUNSELOR - A counselor in a drug treatment program is using drugs himself.

i. ACID HEAD - A young man, as a joke, puts LSD in his girl friend's soft drink.

j. MOTHER - A mother on alcohol gives birth to an addicted baby.

| RANKING | | |
|---|---|---|
| Situations: | Example: | Yours? |
| 1 | 7 | |
| 2 | 3 | |
| 3 | 4 | |
| 4 | 8 | |
| 5 | 10 | |
| 6 | 1 | |
| 7 | 9 | |
| 8 | 5 | |
| 9 | 2 | |
| 10 | 6 | |

Give students a chance to shift their ranking aroung, making any changes they want to make, Ask for some indication of these items that people felt most strongly about. You might ask for volunteers to say a little more about why they felt strongly about some of the top items. You may want to limit discussion or go into small groups for further discussion. The leader should not allow any criticism of any persons for

valuing the items as they do. This is a personal choice based on one's own personal value system, and each person's choice must be respected. The exercise should develop a much more open climate for further group activities.

Below are some additional items the teacher may want to use.

POT SMOKER - Teenager who smokes pot two or three times a week.

THIEF - A drug user who steals to maintain his habit.

BUDDY - Person who has been "busted" and fingers another person who was doing the same thing.

NARC - A person who gets accepted by a high school group to get evidence of drug pushing and possession.

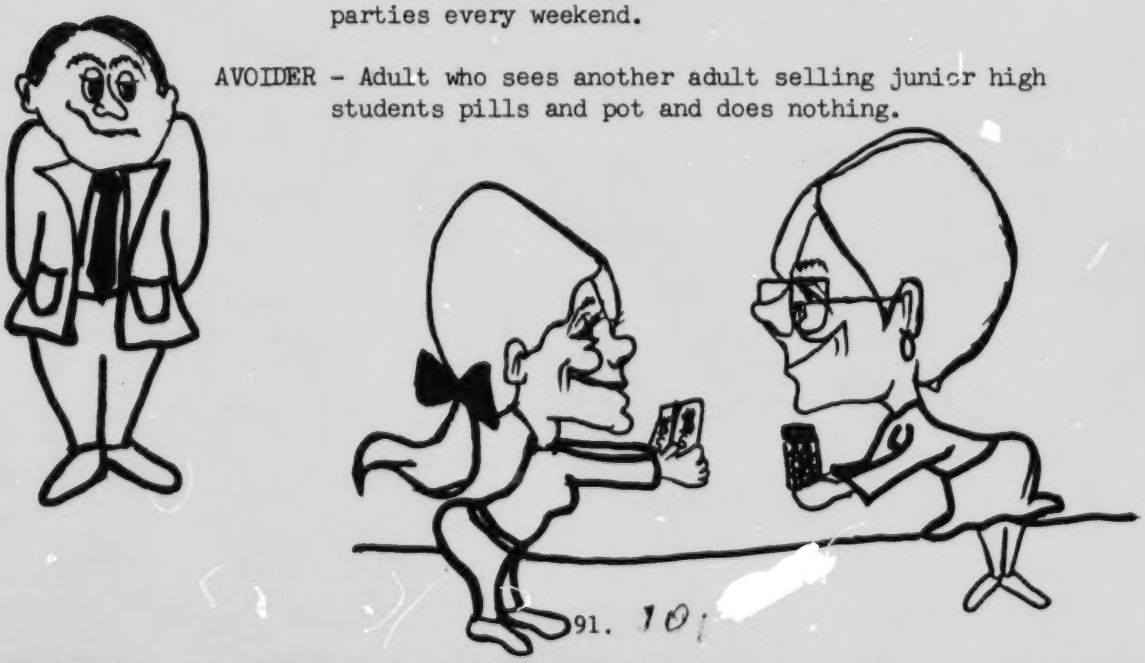
COUNSELOR - Counselor who turns student over to police after student asks for help with his drug problem.

FRIEND - A young man who offers friends a "joint" to be sociable.

DEFENDER - Parent who suspects his child is on drugs, but when told by teacher he panics and says his child couldn't be using drugs.

SOCIAL DRINKER - Adult who gets "stoned" on alcohol at parties every weekend.

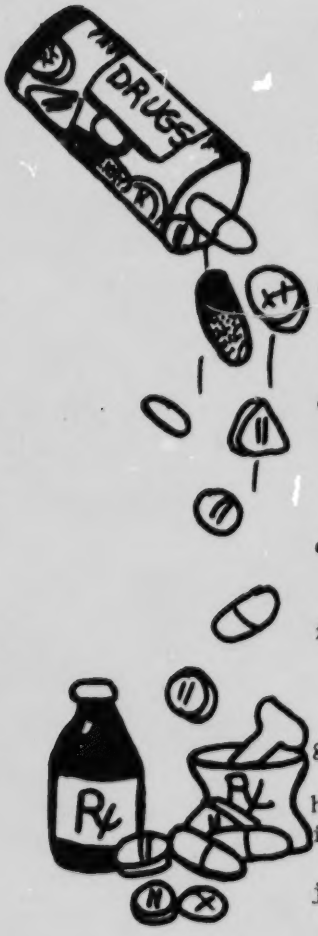
AVOIDER - Adult who sees another adult selling junior high students pills and pot and does nothing.



# 15. Are you someone who...? VALUES CLARIFICATION

Develop an "Are You Someone Who..." Sheet which will force students to look inside their behaviors and values and identify some of their characteristics or choices. Some examples are listed below, but each teacher should develop those that are appropriate for his/her students.

ARE YOU SOMEONE WHO ...




Do you? I don't! Sometimes "ALWAYS" I Feel...

a. automatically takes "a few" aspirins each time you have a pain or headache?

b. when you have a cold, automatically goes to the drugstore for a new supply of cold pills?

c. would you automatically take without question, any drugs prescribed by your doctor?

d. ever thinks about the adverse effects that certain "safe" drugs like aspirin can have on you?

e. tends to accept most statements concerning drugs that are aired on TV?

f. ever considered the possibilities of a drug-free state of mind and body--that is, giving up all drugs like aspirin, coffee, cold pills, and alcohol.

g. questions the use of amphetamines to control appetite?

h. would take tranquilizers for "nerves"?

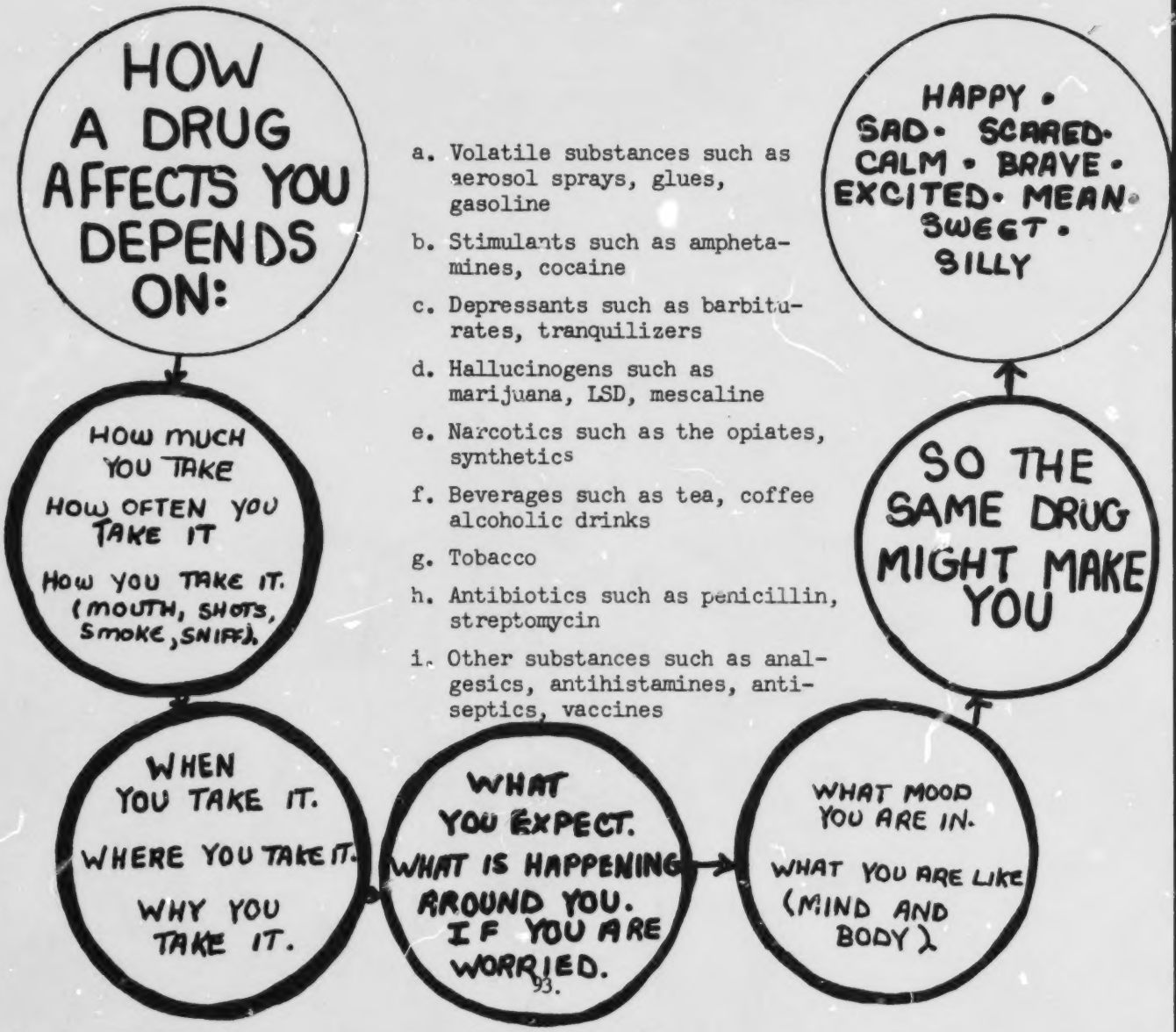
i. would occasionally take someone else's medicine?

j. would occasionally take a downer (tranquilizer, barbiturate) with alcohol?

## *CONCEPT III.* *The effects of drugs can be beneficial or harmful, depending on their purpose and use.*

LEARNING EXPERIENCES

1. Students may research the sources, descriptions, and effects of various types of drugs. Such projects might include investigation of physical and mental effects—short and long terms, use and abuse, history, legal controls, economic and social influences.


HOW A DRUG AFFECTS YOU DEPENDS ON:
HOW MUCH YOU TAKE
HOW OFTEN YOU TAKE IT
HOW YOU TAKE IT. (MOUTH, SHOTS, SMOKE, SNIFF).
WHEN YOU TAKE IT.
WHERE YOU TAKE IT.
WHY YOU TAKE IT.
WHAT YOU EXPECT.
WHAT IS HAPPENING AROUND YOU.
IF YOU ARE WORRIED.
WHAT MOOD YOU ARE IN.
WHAT YOU ARE LIKE (MIND AND BODY)
SO THE SAME DRUG MIGHT MAKE YOU
HAPPY • SAD • SCARED • CALM • BRAVE • EXCITED • MEAN • SWEET • SILLY

a. Volatile substances such as aerosol sprays, glues, gasoline
b. Stimulants such as amphetamines, cocaine
c. Depressants such as barbiturates, tranquilizers
d. Hallucinogens such as marijuana, LSD, mescaline
e. Narcotics such as the opiates, synthetics
f. Beverages such as tea, coffee alcoholic drinks
g. Tobacco
h. Antibiotics such as penicillin, streptomycin
i. Other substances such as analgesics, antihistamines, antiseptics, vaccines

93.

2. EFFECTS OF ALCOHOL

a. The teacher/guest speaker can explain the behavioral and physical effects of alcohol. Consideration should be given to:

(1) distinguishing between behavioral and physical effects

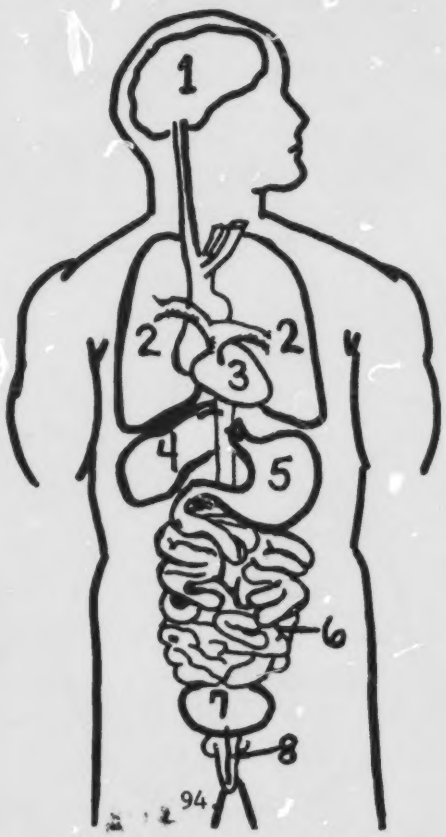
(2) relationship between amount of alcohol consumed and frequency of consumption to effects.

(3) myths about alcohol's effects

(4) great variability of effects and what seems to be responsible for the variablilty.

b. Students can fill in the diagram as they research alcohol's effects or as the teacher lectures on them. As an evaluation activity, students may fill in the diagram from memory. Numbers correspond to the following body organs (which the teacher may or may not require students identify.):

1) brain
2) lungs
3) heart
4) liver
5) stomach
6) intestines
7) bladder
8) urethra



c. The class can be enlivened by:

(1) using diagrams on an overhead projector when possible

(2) initiating discussion on which effects are "good," which are "bad" and why.

(3) inviting students to describe effects alcohol has had on them or on people they have seen in real life or on TV and in the movies.

(4) reading passages from fiction to graphically illustrate alcohol's effects.

(5) discussing the unique effects of alcohol on teenagers

(6) discussing social effects, if these are not covered elsewhere in the curriculum.

(7) relating different effects to different blood alcohol levels.

3. INTERVIEWS AND POLLS

a. A small group of students does brief preliminary research on alcohol's behavioral effects that includes learning the difference between behavioral and physical effects. They draw up a list of questions to ask a doctor, such as a psychiatrist, specializing in treatment of behavioral symptoms of alcohol use. Group solicits additional questions from classmates. Sample questions include:

(1) Why does alcohol make some people feel "high" and depress others?

(2) Why is alcohol use addictive for some people?

(3) What feelings do alcoholics get or avoid when they drink that makes drinking so attractive for them?

(4) Why can alcohol affect people differently?

(5) What effects are peculiar to teenagers?

REMEMBER...
ALCOHOL is a depressant — a member of the drug family.
About 1 out of every 15 persons who drink may be in danger of becoming an alcoholic.
Alcohol cannot help you:
... solve personal problems
... overcome personal fears or inferiority
... to be popular with the crowd.
Don't be afraid to say "No thanks, I don't drink," if this is your choice.

(6) How do blood alcohol levels affect people differently?

(7) In what way can people develop tolerance to alcohol?

b. Students conduct poll to discover how much misinformation people have about alcohol's effects.

(1) A small group of students puts the more common myths about alcohol's effects into question form.

(2) The students also decide what relationships to study, such as age, sex and drinking experience and habits. The group decides to whom to administer the poll and how to administer it. Students test poll by administering it to own class.

(3) After conducting the poll, the group tabulates the results and analyzes the relationships of ignorance to age, sex, and drinking experience. Finally, the group prepares report and presents it to class, responding to questions and criticisms from class and teacher.

4. OVER-THE-COUNTER DRUGS

a. Have students, <u>with parents' permission</u>, examine their own medicine cabinet at home.

Record what is in the cabinet.

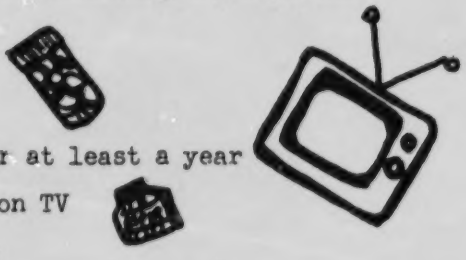
Identify what is prescription and non-prescription.

The classroom should be equipped with an up-to-date copy of an over-the-counter drug book (from the American Pharmacists' Association) and a Physician's Desk Reference. Have the students identify each drug by picture, name, side effects and expiration dates.

Identify safe ways of disposing of old drugs.

Identify dangers of taking one of the drugs which had been prescribed for someone else.

List the drugs which fell into the following descriptions or catagories.



Prescription drugs

Has side-effects

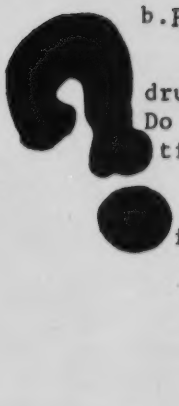
Has been in the cabinet for at least a year

You've seen it advertised on TV

Your friends use this drug

You use this only when you have a particular illness

b. Respond to the following thought questions:



(1) In considering whether or not, or when to use a particular drug, what effect do the drug's side--effects have on your decision? Do you ever ask your doctor about the side effects of your prescriptions?

(2) If you were to clean out your medicine cabinet, which five items would be the first to go? Which five would be the last to to?

(3) Do you see any pattern to the items in your cabinet?

5. DO YOU USE DIET AIDS? VITAMIN PREPARATIONS? PROTEIN SUPPLEMENTS? HEALTH GIMMICKS?

Have students collect labels of some of the above and analyze them for content, directions, and purpose. Discuss validity of claims, medical uses, possible dangers, or misuse.

6. Have small groups of students to visit local drug stores to identify over-the-counter products available.

which are advertised as being effective in helping a person stop smoking. Have the students analyze the basis on which the aids might work.

7. Ask the class to write letters to health agencies (i.e. Lung Association, Cancer Society, Heart Association) asking for statistics which show smoking related disease and death figures. Assign students to specific agencies.

8. Have the class develop a smoking and health bulletin board using newsclippings and magazine articles they have gathered reporting on some phase of smoking and health.

9. Q U E S T I O N N A I R E S - - SMOKING

Here are some sample questionnaires your students might use for a research project on smoking behaviors and attitudes of selected groups. Students may want to add or change questions.

FOR STUDENTS

SMOKE & ENJOY A MINI-LIFE!

a. Do you smoke? ____Yes ____No

b. Have you smoked? ____Yes ____No

(If yes, why did you stop?_____)

c. Do you plan to smoke? ____Yes ____No
(If yes, what are the circumstances under which you plan to begin smoking?_____)

d. If you smoke, do you or have you ever smoked in the school or on the school grounds? (This question is optional,

depending on the existing regulations at the school.)
____Yes ____No

(5) If you smoke, do your parents know? ____Yes ____No
do your parents approve? ____Yes ____No
Approve ____Reluctantly ____Wholeheartedly

(6) Would you be interested in a student withdrawal clinic?
____Yes ____No

FOR TEACHERS

(1) Do you smoke? ____Yes ____No

(2) If yes, do you smoke during school hours? ____Yes ____No

(3) If smoking were forbidden during school hours could you comply? ____Yes ____No

(4) Would you be interested in attending a teachers' smoking withdrawal clinic? ____Yes ____No

(You might want to add to the above surveys the following:
Would you favor a "Cold Turkey Day" during which <u>everyone</u>
in school tries not to smoke during school hours?
____Yes ____No)

FOR PHYSICIANS

(1) Do you smoke? ____Yes ____No

(2) Do you question all patients about smoking as part of your regular examination routine? ____Yes ____No

(3) Do you permit smoking in your waiting room? ____Yes ____No

(4) Do you tell smokers as a matter of course, that they should stop smoking? ____Yes ____No

# 10. LABEL ON MEDICINES

Materials: Drug label work sheet, "Labels on Medicines" for teacher and parents, and one or two empty and clean OTC drug packages with insert and container for classroom demonstration.

Skills: Observation, reference (dictionary).

Procedure:

(1) Write a few terms from drug labels like "orthophosphoric acid," "hydrogen ion concentration," etc. on the chalkboard. Play with the terms having the students read and pronounce them.

(2) Discuss and demonstrate where the terms came from.

(3) Give students the work sheet to record the information from on OTC drug label. They can look at labels in a drugstore or at home with parental knowledge and consent. Here is a sample letter requesting parent approval. If possible, include "Labels on Medicines," with the letter to parents.

Dear Parent:

This work sheet is part of your child's class work on medicine safety. Please note the information asked for and indicate your approval of the recording of this information from one package of non-prescription medicine in your home. Examples of such medicine would be aspirin, cold tablets, cough medicine, and others which can be purchased without a prescription from the doctor. Do not use information from prescription (Rx) drugs.

_____ _____
(Signature) (Date)

(4) When the students return the work sheet, discuss the various types of things that a consumer should notice on drug labels.

(5) Have the students look up the definition of at least one of the long ingredient terms just for fun and for dictionary practice. Discuss prefixes and suffixes of medical terms. (From the FDA)

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11. S E E K - A - W O R D - - DRUG SAFETY

a. Procedure:

(1) Students can do this exercise independently or in a group.

(2) As a group activity, teach math concepts of coordinates.

(a) Locate drug terms on Drug Seek-a-Word.

(b) Identify the location of the term using the numerical coordinates. For example, the "D" in the word drug coordinates 16 up and 6 to the right; "G" is 13 up and 9 to the right.

(c) The direction in which the words are written may be forward, backward, up, down, or diagonally.

b. Follow Up: Students select ten additional words from the following simple rules on drug safety, and prepare a new Seek-a-Word.

DON'T--

Be casual about taking over-the-counter drugs.
Keep drugs for long periods of time.
Combine drugs carelessly.
Continue taking OTC drugs if symptoms persist.
Take prescription drugs not prescribed specifically for you.

DO--

Read the label and follow directions for use.
Be cautious when using a drug for the first time.
Dispose of old prescription drugs and outdated OTC medicines.
Seek professional advice before combining drugs.
Seek professional advice when symptoms persist or return.

c. DRUG SAFETY - S E E K - A - W O R D

The hidden terms listed appear forward, backward, up, down, or diagonally. Find each term and identify the coordinates for the first and last letter.

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 | O | U | T | D | A | T | E | D | B | M | E | A | J | N |
| 24 | A | P | E | R | S | I | S | T | K | E | L | O | Q | S |
| 23 | S | Y | M | P | T | O | M | S | C | D | F | O | L | D |
| 22 | E | P | P | H | A | R | M | A | C | I | S | T | R | T |
| 21 | C | X | H | I | A | X | C | F | X | C | G | C | H | E |
| 20 | I | V | Y | D | L | A | B | E | L | I | L | N | M | E |
| 19 | V | J | S | M | O | L | K | P | R | N | S | I | V | O |
| 18 | D | W | I | X | Y | A | D | H | K | E | T | F | I | Z |
| 17 | A | G | C | A | P | S | U | L | E | S | M | P | L | C |
| 16 | O | R | I | S | N | D | A | N | G | E | R | O | U | S |
| 15 | F | D | A | P | T | A | R | Q | V | T | C | T | W | L |
| 14 | U | Y | N | L | Z | D | E | U | J | G | O | E | B | E |
| 13 | C | A | F | K | C | U | R | E | G | X | L | N | I | E |
| 12 | O | P | N | L | M | O | T | C | I | O | Q | C | N | P |
| 11 | M | C | W | T | Y | A | H | C | Z | C | F | Y | R | I |
| 10 | B | A | N | T | I | B | I | O | T | I | C | S | U | N |
| 9 | I | B | E | I | D | H | L | H | L | X | B | G | T | G |
| 8 | N | I | M | A | S | P | I | R | I | N | N | O | P | P |
| 7 | E | N | T | X | A | Z | R | S | A | F | E | T | Y | I |
| 6 | R | E | A | C | T | I | O | N | T | B | H | E | X | L |
| 5 | U | T | V | W | E | E | Y | D | K | A | F | M | C | L |
| 4 | I | P | J | S | G | R | N | P | C | K | M | G | U | S |
| 3 | A | Y | U | E | O | U | I | D | O | G | W | I | B | E |
| 2 | Z | A | F | C | L | C | H | I | L | D | R | E | N | B |
| 1 | C | A | R | E | L | E | S | S | V | A | X | C | T | E |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |

TERM

advice
alcohol
antibiotics
antihistamine
aspirin

cabinet
capsule
careless
cause
children

combine
cure (twice)
dangerous
drug
FDA

label
medicine
old
OTC (over-the-counter)
outdated

persist
pharmacist
physician
pill
potency
reaction
Rx (prescription)
safety
sleeping pills
symptoms
time

(From the FDA)

## 12. EVALUATION--ALCOHOL

Some Short Answer and Essay questions are included here for use as a pre- or post test or study acitvity. The test is on alcohol, but many of the questions can be adapted to cover other drugs such as marijuana, barbiturates, tranquilizers, cocaine, amphetamines, and volatile chemicals.

Short Answer

a. Why will people who have eaten before drinking feel alcohol's effects less quickly?

(Slows rate of passage thru and absorption by stomach and small intestine)

b. When the liver oxidizes alcohol:

1. What does it do? (creates heat [energy] by converting it to $CO_2$ and water)
2. How fast can it do this for a typical person? (Approximately 3/4 oz. of 86 proof alcohol per hour)

c. Mention three diseases with which alcohol abuse may be associated.

(ulcers, cirrhosis, kidney diseases, pancreatitis, heart disease, cancer).

d. What are DT's?

(Hallucinations and shaking alcoholics experience when they suddenly stop drinking--withdrawal symptoms)

e. What effect does alcohol use have on sexual desire and behavior?

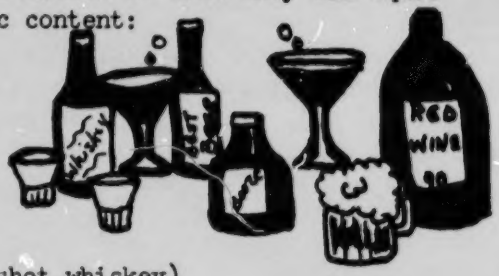
(May increase desire by lowering inhibitions; too much may cause temporary impotence)

f. Why are teenagers more likely to be affected by alcohol use than adults?

(Less experience handling effects; weigh less)

g. Why may alcoholism often result in serious diseases?

h. Match the number and type of drinks so that they all equal the same amount of alcoholic content:




1 bottle beer (12 ounces)
2 bottles beer (24 ounces)
1 glass wine
2 glasses wine
1 shot whiskey (1 ounce)
2 shots whiskey (2 ounces)

(1 beer = 1 glass wine = 1 shot whiskey)

i. Tonight is the big high school football game. Jerry decides to have a beer or two at dinner before the game in order to play better. Is Jerry likely to play better, worse or the same? Why or why not?

(Probably the same--drinking a beer or two with a meal won't have that much effect)

1. Dan has been drinking whiskey and has had two one-ounce shots. Mark doesn't like whiskey so he's been drinking beer and he's had two bottles. Is one more likely to be affected than the other? If so, why? If not, why?

(No. Each has drunk the same amount of pure alcohol)

2. John and Mary are at the school football game. It is a cold, snowy afternoon. John takes out a hip flask filled with whiskey. He offers it to Mary but she doesn't want any, so he drinks most of it himself. Is one more likely to be warmer than the other? If so, why? If not, why not?

(John may feel warmer, but his body temperature will drop)

3. Sam and Lenny both had too much to drink at the party. They are very drunk. Sam is drinking hot coffee now and Lenny has gone for a walk in the fresh night air. Will one of them sober up more quickly than the other? If so, why? If not, why not?

(No--only time sobers people, because only the continuous oxidation of alcohol removes it from the blood stream)

5. At Mary's party she was serving various types of drinks. She likes all types and has already had a beer, two shots of whiskey and a glass of wine. Her boyfriend likes only rum and coke. He's had four of them. Is one more likely to get drunk than the other? If so, why? If not, why not?

   (No--unless Mary <u>expects</u> mixing drinks to make her drunker)

6. After the football game, Mary and Joe went out drinking to celebrate. Joe had eaten 3 hot dogs, two cokes and 2 bags of potato chips during the game. Mary hadn't had a bit to eat since breakfast. Is one of them more likely to get drunk? If so, why? If not, why not?

   (Mary is, because liquids and food slow down absorption of alcohol into the blood stream.)

7. Last Saturday night, Dick sat home watching TV and drank beer. He got quite "high." This Saturday he and his friends have planned a party where they all look forward to getting drunk. Will it take him the same number of beers to get drunk as it did last Saturday or will it take fewer? Why?

   (probably less because he expects to get "high" and is in a more exuberant atmosphere)

j. Alcohol is a depressant: it slows people down. Why do many people nevertheless <u>feel stimulated</u> after drinking?

   (loss of inhibition, reduction of brain's sensitivity to, or awareness of, fatigue)

k. What are the best ways to sober up? Why?

   (only time sobers people up, because only the continued oxidation of alcohol removes it from the blood stream)

l. What things can influence alcohol's effects on a person's behavior besides how much he drinks, how fast, and how much he weighs?

   (situation; mood; prior drinking experience; other drugs; recent illness; oral contraceptives; tiredness; stomach content)

m. What is "psychological tolerance" to alcohol?

(learning to compensate for alcohol's effects)

n. Why would driving after drinking generally be more dangerous for teenagers than adults?

(newly learned skill; complicated skill; inexperienced drinker; weigh less than adults)

Essay Questions

(1) Different people are often affected differently by the same quantity of alcohol. Why? Examples are:

(weight, empty stomach, speed of drinking, prior mood, heredity, metabolism, emptying time of stomach, body chemistry)

(2) Robert has been drinking beer at the rate of three 12-ounce cans an hour. Describe how the alcohol will go through his body from the time it enters his throat to its total elimination from his body.

(3) Many people believe alcohol can do things that it can't. Others think it can't do certain things that it can do. Mention three of these commonly held beliefs about alcohol's effects that are myths (there is evidence to disprove them) and why they're not true.

(4) Trace the passage of alcohol through the body using this diagram. (Students are given a blank drawing of a human body.)

(5) Have you actually used anything that you learned in the course in your private life? Did you, for example, make any decisions that were influenced in any way by something you learned in the course? If so, what? If not, why do you think you have not?

***CONCEPT IV.*** ***Drugs are used and abused in various ways, for various reasons.***

LEARNING EXPERIENCES

## 1. What is use vs abuse?

(THAT IS THE QUESTION!!)

Definitions of drug use and abuse will vary with cultural mores and individual opinions. Have students do the following exercise.

Directions: Write the numerals 1 through 25 on a separate paper. At the left of each number, write the word "user" if you think the person described is a drug user; write "abuser" if you think the person is a drug abuser; write "neither" if you think the person is neither a drug user nor abuser.

a. a cigarette smoker
b. a small child taking an adult's medicine
c. someone taking diet pills
d. someone who takes aspirin
e. a nonconformist
f. someone taking twice as much medicine as the doctor prescribed
g. a driver taking pills to stay awake
h. a heroin user
i. an athlete taking pep pills
j. an old person taking pain pills when he has no pain
k. a "nervous" person taking tranquilizers

l. someone who usually has a drink before dinner
m. just about everyone
n. a beer drinker
o. someone taking somebody else's medicine
p. a coffee drinker
q. someone taking vitamin pills
r. a wine drinker
s. a lawbreaker
t. a glue sniffer
u. a student taking pills to stay awake to study
v. a marijuana user
w. someone who takes an unknown substance offered by a friend
x. someone taking sleeping pills
y. a small child who tastes an adult's alcoholic drink

Respond to the following questions:

Did you answer on the basis of how dangerous you think the different substances are that were used?

Did you think about the length of time during which the different substances were used?

Could any of these people harm themselves while intending to help themselves?

Do you and others in your class agree on who is a drug user?

Note: This activity can provide an opportunity for students to learn about the values of others and how those values may differ from their own.

## 2. WHY PEOPLE USE DRUGS

Put the following list of reasons why people use drugs on the board and have students add any additional ones that come to mind. Ask them to consider the reasons and place a check next to those they think are caused by <u>inside</u> pressures.

People use drugs because they:

like to experiment
cannot say "no"
think that drugs do no harm
don't know about drugs
are pressured by other people to use them
have a doctor who prescribes drugs for them to use
feel sorry for themselves
are always looking for something new to do
think that everybody takes drugs
think, "Nobody cares about me or what I do"
think that drugs make worries go away
think that drugs make physical pain go away
want to change their lives
want to get over being bored or lonely
see other people drinking alcohol and smoking cigarettes
can't sleep
think that there is nothing else to do
always do what other people are doing
are curious about what drugs can do to them
think, "What I do doesn't hurt other people"
like to find out about things for themselves
like the way drugs made them feel
think what drugs do is a reward without any risk
want to escape from unpleasant things

Thought questions:

Are there more reasons that are caused by inside pressures than reasons that are caused by outside pressures? Why?

Did others in your class choose the same reasons that you chose to explain why people use drugs?

3. Ask the students to respond to each of the following situations with a brief essay. Use their answers in a class discussion to illustrate differences in opinion about alcohol use, abuse, and abstinence.

Which, if any, of the following people are drinking too much? What makes you think so? (Be brief.)

He goes bowling every Saturday night and ends up drunk but doesn't get into trouble.

He has a cocktail before dinner and a highball before bedtime.

She takes one drink and she has to keep drinking until she's drunk.

Every Friday they go out, get drunk, and look for a fight.

Whenever Sam's mother-in-law visits, he goes out drinking with his friends.

He has two martinis with lunch, a cocktail when he gets home from work, and a drink or two before bedtime.

Mr. and Mrs. Jones have half a bottle of wine with their dinner nearly every night.

Whenever she plays bridge with her friends, about once or twice a week, she has two beers. At parties she has a couple of drinks, too.

He goes out with his friends two or three nights a week, gets pretty drunk and then sleeps it off the next morning.

## 4. D R I N K I N G - - W H A T  A R E  Y O U R  V A L U E S ?

Have the students do the following exercises. Use responses to discuss differences in attitudes toward drinking. (What problems could the differences cause?)

a. Which of the following are legitimate reasons for drinking alcohol in moderation? You may circle as many as you want.

escape problems
relieve anxiety
tradition
get "high" and feel good
taste
celebration
kicks
feel mature
peer pressure
to relax
to be sociable
religious ceremonies
rebellion

b. Are any of the above legitimate reasons for getting drunk?

c. Which of the following are legitimate reasons for abstaining from alcohol use? You may circle as many as you want.

dislike taste
fear of dangers
dislike of artificial mood changers
religion
expense
just not interested

d. Which of the following, if any, are legitimate reasons for drinking for the first time? You may circle as many as you want.

curiosity
kicks
to be sociable
relieve anxiety
to relax
to feel mature
rebellion
peer pressure
religious ceremony
get "high"

## 5. D R I N K I N G - - W H Y ?

The following questions may be used for written essays, for class discussion, or for class investigation.

a. Why might someone continue to drink excessively even when he knows he's hurting himself.

(hates himself, guilt feelings, to get attention, to hurt others)

b. What are the major reasons adults drink alcohol? Which do you believe are legitimate reasons, which are not and which can't you say for sure? Why? Support your answers.

(escape problems, relieve anxiety, tradition, get "high," taste, celebrate, feel or appear mature, peer pressure, relax, be sociable, religious ceremonies)

c. What are the major reasons teenagers drink alcohol that are usually <u>not</u> reasons why adults drink? Which do you believe are legitimate reasons, which are not and which can't you say for sure? Why? Defend your positions.

(rebellion, curiosity, kicks, act like adults)

d. What factors influence whether a person drinks, abuses alcohol,or abstains? Which factors should influence people and which shouldn't? Why?

(culture-ethnic group, religion, peer pressure, parents' attitudes and behavior, knowledge of effects)

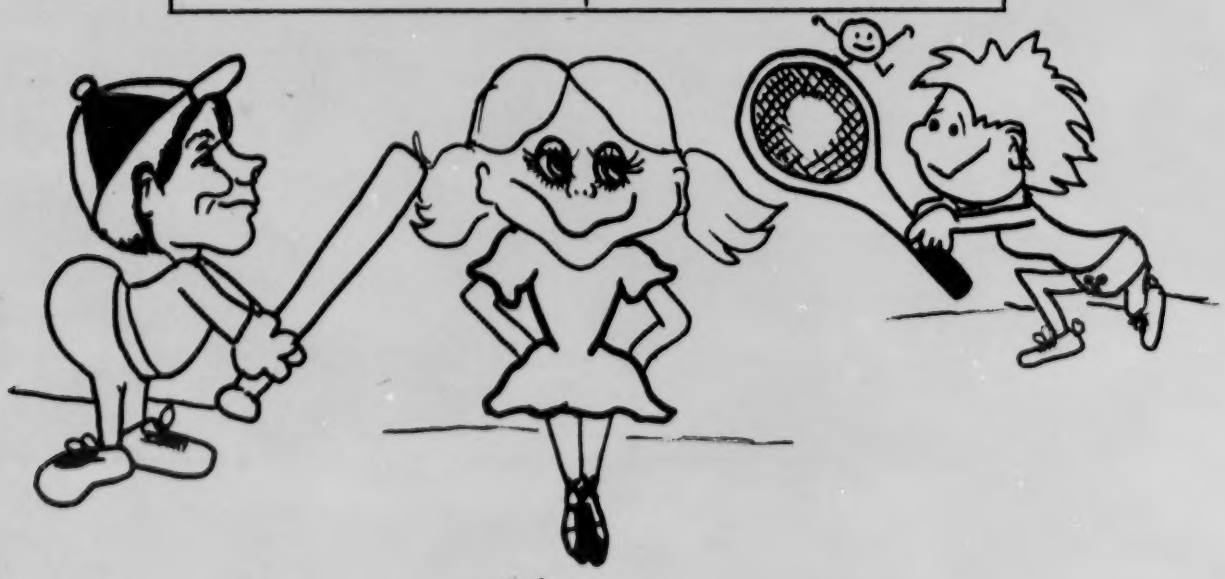
e. What are the major reasons that explain why some people abstain from drinking? Which are legitimate reasons for abstaining? Why? Defend your positions.

(taste, fear of dangers, has no good effects, religion, expense, dislike of artificial mood changers, indifference)

## 6. ALTERNATIVES TO DRUGS

Below are listed some reasons why people use drugs. Expand the list as students desire. For each reason, come up with two or more possible alternatives.

| MOTIVE FOR DRUG ABUSE | POSSIBLE ALTERNATIVES |
|---|---|
| Example | |
| Relaxation | Sports; exercise |
| Now You Try | |
| Peer pressure | |
| To escape boredom | |
| Risk; adventure | |
| Peer acceptance | |
| To get "high" | |
| Depression | |
| To feel less inhibited | |



## 7. CONSIDERING ALTERNATIVES AND CONSEQUENCES

This work sheet can be duplicated (or put on chalk board) for students to work through individually or in small groups. Use drug issues that are relevant to your students.

| | Example:<br>1. Behavior:<br>Abusing depressants | Example:<br>2. Behavior:<br>Sniffing spray paint |
|---|---|---|
| What are some possible reasons for this behavior? | | |
| What are possible short- and long-term consequences of this behavior?<br>PHYSIOLOGICAL?<br>PSYCHOLOGICAL?<br>LEGAL?<br>ACADEMIC?<br>SOCIAL?<br>VOCATIONAL? | | |
| What <u>alternate</u> behavior may be considered? | | |
| What are possible short- and long-term consequences of the alternate behavior?<br>PHYSIOLOGICAL?<br>PSYCHOLOGICAL?<br>LEGAL?<br>ACADEMIC?<br>SOCIAL?<br>VOCATIONAL? | | |

A L C O H O L  P O L L

A student poll may be used to inform the teacher of the level of student experience, as well as to provide an opportunity to raise the issue of why people drink.

Before taking the experience poll, have students anonymously write on a blank questionnaire what they predict the class results of the poll will be.

Students then take the poll, keeping respondents anonymous. Teacher and students can tabulate results immediately afterwards and then compare predictions with reality. Discuss any discrepancies.

Teacher raises issue of why people drink, using poll results as a take-off point. For example, do students who drink in parks have different reasons from those who drink at home or those who drink as a part of religious ceremonies? Teacher can also raise questions about why people have had different drinking experiences include parental attitudes. and behavior, ethnicity, religion, and peer pressures).

Sample questions:

a. Have you ever drunk alcohol? Yes___ No___

b. If so, on how many occasions in the last month?

   0 1 2-4 5-10 11-20 over 20 times

c. Have you ever been "high"? Yes___ No___

d. If so, how many times in the last month?

   0 1 2-4 5-10 11-20 over 20 times

e. Have you ever been drunk? Yes___ No___

f. If so, how many times in the last month?

   0 1 2-4 5-10 11-20 over 20 times

g. When you drink, do you usually drink: alone with others

h. When you drink, what kind of alcohol do you usually drink?

   beer wine whiskey other (beer and wine? brandy? etc.)

i. How old were you when you had your first drink (if you have ever drunk)?

under 10 11 12 13 14 15 16 17

j. Where do you usually drink now, if you drink?

at home at friends' homes in cars in parks

in school in bars in church other

k. Have you ever been offered a drink and refused it?

Yes No Couple times Often

l. Have you ever asked for a drink and been refused?

Never Once Couple times Often

m. If so, who turned you down?

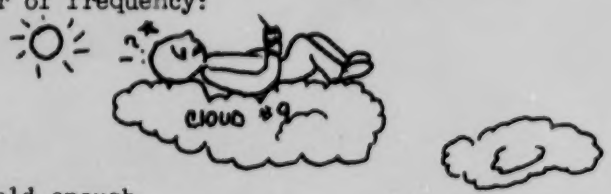
Mother Father Sister Brother Friend Other

Another approach to a student poll may be:

A small group of students decides what questions about alcohol use it would like to ask, and whom it would like to ask. Group solicits additional questions from classmates. Sample questions include:

a. For which of the following reasons do you most often drink? List in order of frequency:

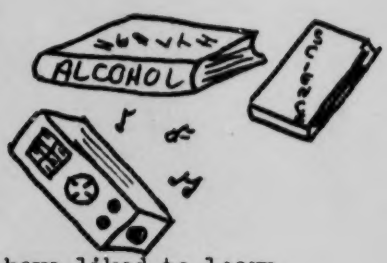
relaxation
taste
to be sociable
to act grown up
to get high
because you're old enough




b. How many of each of the following did you drink last month?

beers
glasses of wine
martinis
shots of whiskey
mixed drinks

c. Where did you learn most of what you know about alcohol?
from: parents
television
radio
brothers and sisters
friends
yourself
school books
movies
drinking




d. From which of these sources would you have liked to learn more about alcohol?

e. From which, if any, of these sources, did you learn the most <u>incorrect</u> information?

The group decides what other data to seek in order to study the relationships between drinking and such factors as sex, age, ethnic group and political affiliation. Group tests poll by administering it to own class. After writing and administering poll, group collates results and identifies correlations. Group prepares evaluative report of findings, presents it to class, and responds to questions and comments from class and teacher.

## 9. OTHER RESEARCH PROJECTS...

The following research suggestions can be used as individual research papers or as small group projects.

studying use of alcohol in cooking.
interviewing people about their attitudes toward problem drinking.
interviewing newspapermen on alcohol issues.
interviewing package store owners on sales.
polling people on what constitutes responsible drinking.
polling people on how much and why people drink
polling people on how they learned about alcohol.
keeping a list of one's exposure to alcohol for one day.

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researching attitudes toward drunken behavior as expressed in the mass media.
researching attitudes toward alcohol found in the Bible.
researching attitudes of poets toward alcohol.
watching package stores to learn community's drinking patterns.

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***CONCEPT V.*** ***People who abuse drugs often need help in learning to live without them.***

***CONCEPT VI.*** ***Alcoholism is recognized as a destructive but treatable disease.***

LEARNING EXPERIENCES

1. "ALCOHOL DOES SOMETHING SPECIAL FOR ME."

Purposes: To help students recognize the characteristics of problem drinkers and to propose solutions to their problems. To help students understand the underlying factors which seem to contribute to the development of alcoholism. To help students understand the seriousness of drinking. To aid students in making their own decisions in the use of alcohol.

Materials: Index cards with the following information written on them. Write only one role description on each card.

(1) Harried Housewife--alone at home with resentments of not having a career and of not being able to develop meaningful relationships with those near her.

(2) Executive--frustrated both at home and on the job--suffering from a great amount of stress.

(3) College student--unable to develop close relationships with others--suffers from stresses of exams and peer pressures.

(4) Minority member--has suffered much deprivation in his life--difficulties with social, economic, and family relationships.

(5) Blue-collar worker--frustrated with a trivial job and his failure to achieve his goals which were set too high.

Directions:

(1) Students are arranged in groups of five.

(2) Each group member is given a role card.

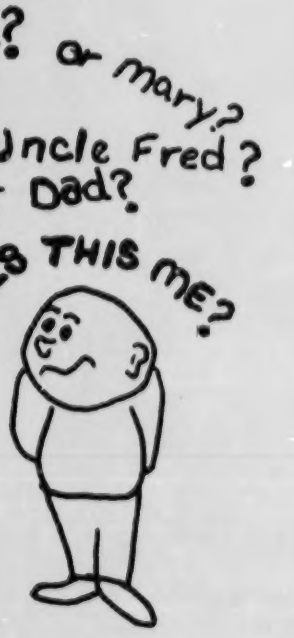
(3) In turn, each group member will talk about his or her reasons for drinking (according to the role described on the card), the pros and cons of his or her habit and the possible consequences of the habit.

(4) The group will suggest remedies for the problems and it will try to decide what type of help is necessary and available.

(Game from Health Games Students Play, Ruth Engs, el. al. Kendall/Hunt Publishing Company).

2. C H E C K L I S T

Have the students develop a checklist for alcoholism. Here is a beginning.




CHECK LIST

for SYMPTOMS of ALCOHOLISM

| Does a person-- | Yes | No |
|---|---|---|
| a. need a drink the "morning after" | | |
| b. like to drink alone? | | |
| c. lose time from work due to drinking? | | |
| d. need a drink at a definite time daily? | | |
| f. have a loss of memory while or after drinking? | | |
| g. find himself (or others) harder to get along with? | | |
| h. find his efficiency and ambition decreasing? | | |
| i. drink to relieve shyness, fear, inadequacy? | | |
| j. find his drinking is harming or worrying his family? | | |

| | Yes | No |
|---|---|---|
| k. find himself more moody, jealous, or irritable after drinking? | | |

IF the answers are "YES,"
he may be suffering from "ALCOHOLISM."
If he recognizes it, he can
arrest it, with help.

3. Have a committee of the class accompanied by you or by their parents attend an open session of the local AA group. Ask them to report their feelings to the class. If a visit is impossible, contact the AA group to see if one of their representatives will come and speak to the class. Consider Alanon and Alateens groups if they are extant in the local area.

4. W H O  C A N  H E L P ?

Unfortunately, too many people do not know where to get help when the problem of drug abuse threatens their personal lives. Too many people do not lend enough support to the facilities that exist for drug abuse prevention and cure, and many communities don't want drug centers in their neighborhoods. Yet, in every community, there are concerned people who are trying to solve the problem, and a variety of services where anyone can get help and information for drug-related problems.

You have been assigned to an investigation team which will explore the facilities available in your community for one aspect of the drug abuse problem. Use the library and telephone directories to find out some of the names of the services. These will lead you to others. Make telephone calls or visit the facilities--they all have people who will be glad to describe their programs to you. Gather as much information and literature as you can. Use the chart to tabulate your results. Your teacher will give you instructions.

PROBLEM:_____

| | Names of Facilities | Description of Programs | Number of People Involved |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

## *CONCEPT VII. Drug laws protect and affect us all.*

LEARNING EXPERIENCES

### 1. COMPREHENSIVE DRUG ABUSE PREVENTION AND CONTROL ACT OF 1970

a. Give the students the following introduction and ask them to do the exercise described in b.

In 1970, a federal law was passed that brought together under one law more than fifty previous laws about drugs. Some of the laws were more than fifty years old. The name of the 1970 law is the Comprehensive Drug Abuse Prevention and Control Act. This name shows that the law is intended to prevent people from using, making, or selling certain drugs that can harm themselves or others. The law also sets up rules to control who can legally make drugs and the way drugs should be made. It prevents the illegal distribution and importation of drugs. The purity and labeling of drugs are also controlled by this law.

One part, or Title, of the 1970 law is the Controlled Substance Act. This Title divides drugs into five groups, or "schedules" according to how dangerous the drugs are. For each group of drugs there are strict rules and regulations about who can make, have, and use the drugs. There are also penalties for anyone who illegally makes or uses the drugs. Most of the drugs can be kept or used only by doctors, or by scientists who are doing research. Some examples of the drugs in each of the five schedules are listed in the following section.

The strictest controls regulate the drugs in Schedule I and II because these drugs are considered to be the most dangerous. Anyone must have a special license to make these drugs or to bring them into the country. Manufacturers must keep very careful records about the amount of the drug that they make and store. They must also record the names of the people that they sell or send the drug to, and exactly how much was sold. People must also have a special license to legally use these drugs. They must be able to show that the drug is stored in a safe place, where it would be difficult for someone else to steal it.

The controls for the drugs in the other schedules are not quite as strict as the controls for the drugs in Schedule I. and II. However, each group of drugs is carefully controlled and there are penalties for anyone who illegally uses these drugs.*

*(Quoted from )

b. Small group activity: Study the Schedules given below. Make recommendations concerning whether or not you would have each drug as it is or move it to another Schedule. Tell why. If alcohol were to be placed in a Schedule, which one would you recommend?

SCHEDULE I

heroin
marijuana
LSD
peyote
mescaline
psilocybin

SCHEDULE II

opium
morphine
codeine
methadone
Demerol
Methedrine
Desoxyn
cocaine

SCHEDULE III

barbiturates
except
phenobarbital
Preludin
Ritalin

SCHEDULE IV

phenobarbital
Equanil
Miltown

SCHEDULE V

cough syrups
containing
codeine

2. W E T V S . D R Y

A small group of four to eight students researches and debates the issue of whether their community should legalize the sale of alcohol either in bars, package stores, restaurants,or some combination of these. The group first decides what three positions it wants to debate and who is going to defend which position. The group then splits into three debate groups and each sub-group researches its point of

view. Each sub-group divides up the research work. Research methods include:

reading available literature
interviewing members of ethnic groups, bar owners, package store salesmen and owners, town tax officials, and policemen.

After completing the research, the group agrees on ground rules for the debate--how much time to allow each side to present its arguments, rebuttals and concluding remarks. Group also decides who will judge debate and how it will be scored.

After debate, group responds to comments and questions from class and teacher.

3. D R U G S  A N D  D R I V I N G  L A W S  I N  K E N T U C K Y

a. A small group of students researches the intoxication and driving laws for Kentucky. Suggested ideas for the research include:

What are the drinking-driving laws? Is the use of other drugs covered?

Would stricter laws or stricter enforcement of existing laws help reduce the number of alcohol or drug related traffic offenses? Why?

Are there other actions that could be taken to reduce alcohol-related traffic offenses--such as safer cars and/or fewer bars?

Are some courts reluctant to prosecute drivers for driving under the influence? If so, why?

Are breathalyzer and blood tests mandatory? If so, why?

Research methods can include:

reading appropriate literature
interviewing in person or by telephone police chiefs and/or officials in the state registry of motor vehicles.

The group divides up responsibility for the research.

After completing research, group prepares a report to the class that includes an avaluation of the utility of existing laws and recommendations for new ones. Group responds to questions and comments from class and teacher.

## 4. TRIAL: LEGALIZING POT

Background: There has been much controversy over the legalization of marijuana. Many students do not fully understand all of the implications of the various issues which are involved in the legalization question.

Purposes: To allow students, through individual research and class participation, to look at both sides of the issue regarding the legalization of marijuana. To help students learn facts about marijuana. To assist students in clarifying their own values regarding marijuana. To assist students in making intelligent decisions about the use of marijuana.

Description for Playing:

a. Assign or allow students to volunteer for one of the following roles: Judge, 3-4 defense lawyers, 3-4 prosecuting lawyers, expert witnesses for each side (as many as needed), and jury foreman.

b. The remaining class members act as the jury.

c. Each student does research related to his assigned role and he thoroughly prepares for that role.

d. A mock trial is presented in class. The court proceedings should be conducted as realistically as possible.

(From Health Games Students Play, by Ruth Engs, et.al., Kendall/Hunt Publishing Company)

Sample Discussion Questions: Most of the pertinent questions should be brought out in the trial; however, the instructor should assume the role of jury member and ask the jury foreman to request added information related to issues which fail to be brought out.

Important Considerations:

(1) Allow the students ample time to prepare for their roles in the trial.

(2) It may be helpful if the teacher can provide a bibliographical listing of references for both sides of the issue.

(3) This activity can be used for any controversial issue such as methadone maintenance programs, legal age for drinking, and various issues related to abortion.

5. M O R E P R O J E C T S for Research and Class Discussion

a. A small group of students does preliminary research on how alcohol and other drug abuse is related to juvenile delinquency and on the legal consequences of such abuse by juveniles. The group then formulates a list of questions to ask juvenile law enforcement officials and solicits additional questions from classmates. Samples questions include:

(1) Does alcohol and other drug misuse cause juvenile delinquency, or visa versa?

(2) What happens to a juvenile who has been arrested for an alcohol or drug offense?

(3) Do juveniles break other laws because they are high?

(4) What rehabilitation services are available to delinquents who have alcohol or drug problems?

(5) What is the recidivism rate for delinquents arrested on alcohol or drug charges? What might explain it, if it is high?

After completing interviews, group prepares and presents a report to class that includes an evaluation of the juvenile process for alcohol/drug offenders. Group responds to comments and questions from class and teacher.

b. A small group of students researches state and local alcohol laws on:

advertising
hours and locations of bars and package stores
driving
public drunkenness

or laws (including penalties) on

use and sale of marijuana
possession and sale of barbiturates and amphetamines
possession and sale of PCP, LSD, mescaline

Research methods can involve:

interviews with policemen, legislators, juvenile judges, probation officers, consumer protection agencies and state and city attorney generals
studing available literature
attending and evaluating license suspension classes

Group divides up responsibility for the research.

After conducting the research, group prepares and gives report to class that includes evaluation of which laws are good and why and how others should be changed and why. Group responds to comments and questions from class and teacher.

c. A small group of students does preliminary research on the state's public drunkenness laws. It then draws up a list of questions to ask policemen and solicits additional questions from classmates. Sample questions include:

(1) Why is public drunkenness (not) considered a crime?

(2) In what kinds of situations do you usually find people drunk?

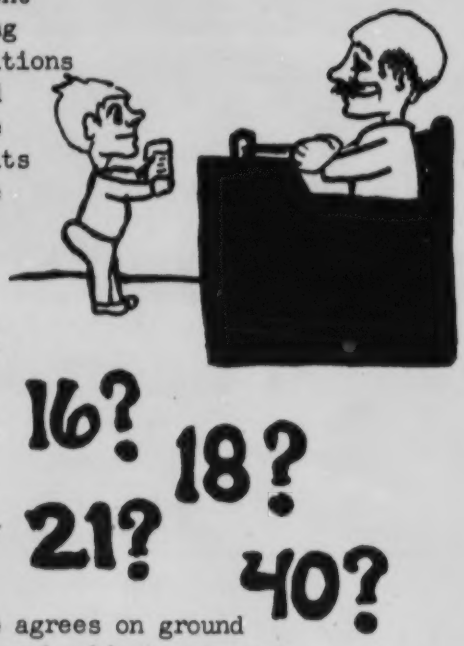
(3) How do you handle them?

(4) What kinds of alcohol offenses do juveniles commit and how do you handle them?

(5) Do you feel alcohol offenders should be handled differently? If so, how and why?

Group divides up responsibility for interviews.

d. A small group of four to eight student researches and debates issue of legal drinking age. The group first decides what three positions it wants to debate and who is going to defend which position. Group then splits into three debate groups and each sub-group researches its point of view. Each sub-group divides up the research work. Research methods include:




reading available literature
interviewing juvenile judges, probation officers, juvenile lawyers, policemen, and legislators
talking with organizations and agencies that have been involved with lowering the voting and/or drinking ages, such as the League of Women Voters and the 18x72 clubs. State senate offices may have further references.

After completing the research, the group agrees on ground rules for the debate--how much time to allow each side to present its arguments, rebuttals, and concluding remarks. Group also decides who will judge debate and how it will be scored.

After debate, group responds to comments and questions from class and teacher.

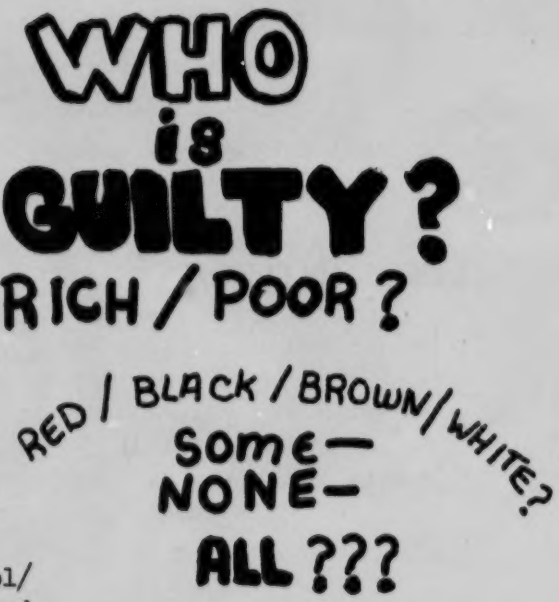
e. A small group of students draws up a list of questions to ask judges or trial lawyers about the judicial process as it relates to alcohol and other drug use. Group solicits additional questions from classmates. Samples questions include:

(1) Are middle class or white people who are arrested for the same offense as poor or non-white people sometimes given a different sentence?

(2) Is there anything that can be done for drunks who appear in court every few months? What normally is done with them?

(3) Do court-appointed lawyers normally tell their clients to plead guilty?

(4) Do indigents usually take advantage of the free lawyers they can have if they want? If not, why?




Group then prepares and presents analytical and critical report to class that includes an assessment of the judicial process as it relates to alcohol/drug use. Group responds to questions and comments from class and teacher.

f. Students may research the history of marijuana use, laws, and research. Especially significant would be the questions,

(1) What have we learned from the states that have decriminalized marijuana?

(2) What does research tell us about its physical and psychological effects?

(3) What recommendations have been made at federal, state and local levels regarding the legal controls governing marijuana?

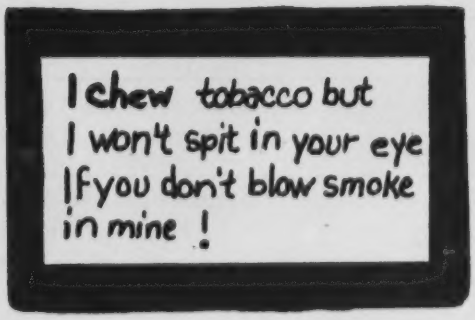
6. Have class determine whether or not tobacco companies lobby in Congress. To what extent do these groups influence legislation? In what kinds of legislation would they be interested?

7. The class could write letters to government officials, both state and federal, asking that more funds be made available for research and other programs to reduce the hazards of smoking. They also may ask for more laws to protect the nonsmoker.

Similar letters could be written to tobacco companies, urging their cooperation.

8. RIGHTS OF THE NONSMOKER

"Recent tests show that the average smoker spends only 20 seconds actually inhaling his cigarette. During the 10 to 12 minutes of burning, its output of tar and nicotine is up to four times greater than during the time that it is actually being puffed. Thus, a non-smoker in a smoke-filled room may actually be forced against his will to breathe almost as much cigarette smoke as the actual smoker sitting next to him. Is that fair?" A speaker, John Banzhaf, III, a Washington, D.C. attorney and executive director of Action on Smoking and Health (ASH), thinks that it is not. And his organization is attempting to do something about it. "Unrestricted smoking, even in confined public places, is nothing short of a national disgrace," he adds. "For far too long we have been the silent majority, afraid to speak up when someone polluted our lungs." Interested individuals can contact ASH at 2000 H. St., NW., Washington, D.C. 20006.




Questions to Think and Write About

a. Are you in basic agreement or disagreement with Mr. Banzhaf? Explain.

b. Some people have put up "NO SMOKING" signs in their homes and cars. Does that seem like an imposition to you? Explain.

c. Discuss where you stand on the idea that all smokers should ask, "Do you mind if I smoke?" before they light up, and if someone says "No" they should smoke, but if someone says "I do mind..." they should not smoke.

d. If you are a nonsmoker, what would you be willing to give up that is as hard for a smoker to give up? Why don't you?

9. THEY EYE WHAT THEY EAT! (From the FDA)

Purpose: After completing this activity the student should be able to describe the function of the United States Food and Drug Administration and relate specific steps taken by that agency to protect American life and health.

Gather as many resource materials as possible related to the United States Food and Drug Administration. (Numerous pamphlets, brochures, etc. may be obtained by writing this agency at the Office of Public Affairs, 5600 Fishers Lane, Rockville, Maryland 20852 or by contacting state health departments. (See Reference Section for additional resources.) If possible, invite a resource person who works for the FDA to visit the class or set up an interview by phone and tape record it! (Resource materials should be collected before the unit starts.)

a. Assign to each student one of the following roles:

Consumer safety officer of the FDA
FDA laboratory scientist

FDA researcher
FDA food inspector
FDA drug inspector

b. Ask him to check reference and resource materials and/or correspond with or call the HEW, FDA, or state health department, or interview a person employed by one of these agencies.

c. The student should keep a list of every job that is done by the kind of person whose role he has been assigned.

d. When this information has been gathered he should write a daily schedule for himself as a person in this role, telling what he or she does from the time he arises in the morning until the end of the working day.

or. . .

the student may describe a typical day in the role of this person in paragraph form.

## 10. EVALUATION--ALCOHOL AND MARIJUANA

These questions may be used as essay questions, used for evaluation of student progress, or as take-off points for class discussion.

a. If you were in charge of licensing package stores, bars and restaurants, what rules would you set up and <u>why</u> regarding hours they may be open, where they may be located, how many may open up, prices, taxes, etc.?

b. If you had complete power over setting the rules for alcohol advertising, what rules, if any, would you set? Why those or none?

c. If you were mayor of your town and had the authority to prohibit the sale of liquor, would you do so? Why or why not?

d. If you were a legislator, would you vote to make it illegal for people to be drunk anywhere in public? in certain places? Which ones? Why?

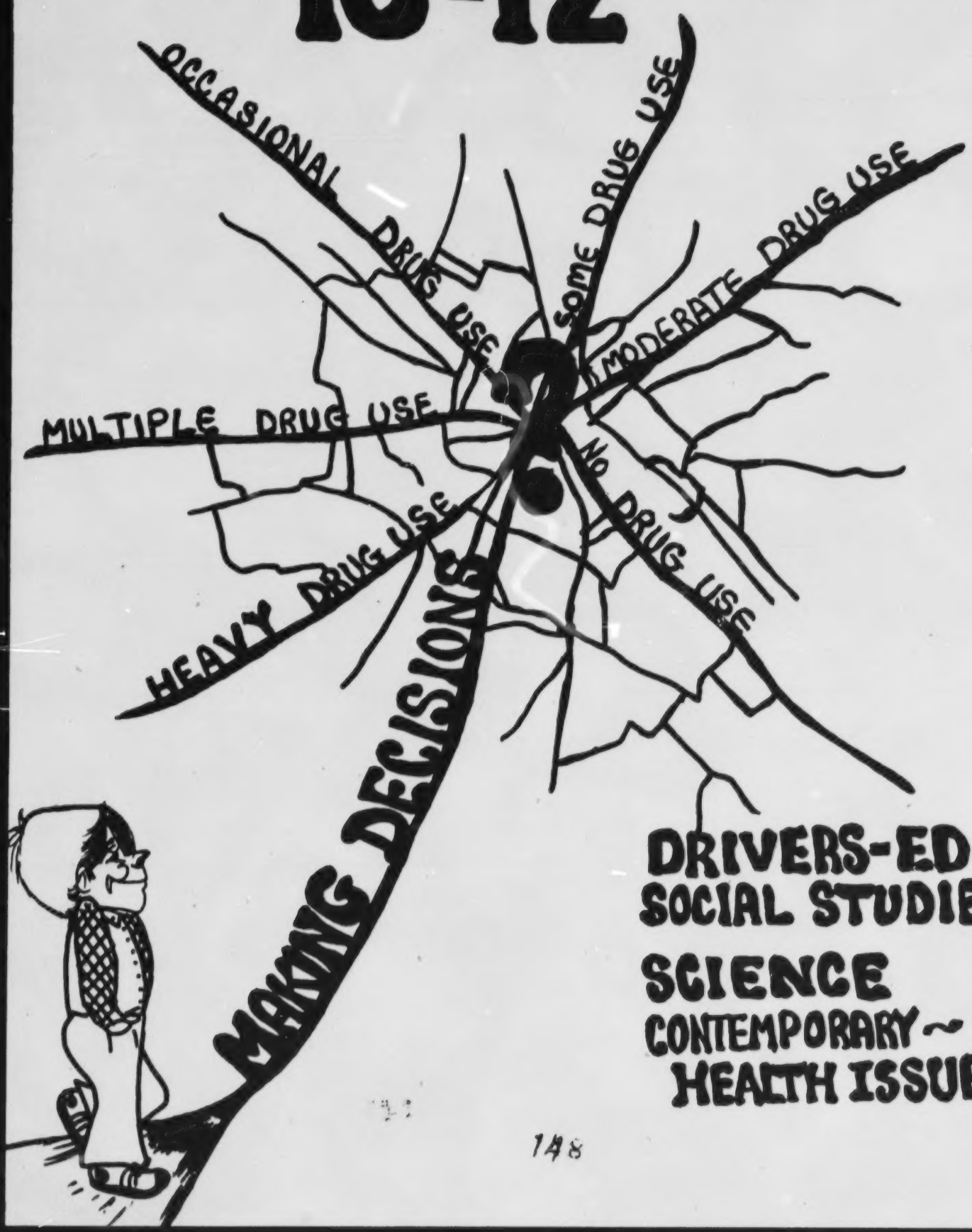
e. What should be done with someone who has been arrested for public drunkenness if he (a) is an alcoholic, (b) is a social

drinker who had one too many--neither of whom were disturbing the peace? Why would you do this? What if each one was disturbing the peace?

f. At what age should people be legally allowed to drink? Should the age be different for drinking in bars, in restaurants, or buying from package stores? Why?

g. Should citizens try to influence the government and other social institutions in ways they feel are useful? Why? Why not? If they should, pick one institution that you would like to influence and describe ways you feel are (a) effective and (b) legitimate.

# 10-12




DRIVERS-ED
SOCIAL STUDIES
SCIENCE
CONTEMPORARY ~
HEALTH ISSUES

## DRIVER'S EDUCATION

The misuse of alcohol and other drugs by American drivers is a serious problem. Many people believe that the problem can be reduced if future drivers are better educated about alcohol/other drugs and driving. Certainly, the student should know about the

(1) effects alcohol and other drugs can have on driving ability,

(2) legal controls governing alcohol and drug use while driving, and

(3) the process for making an intelligent decision about alcohol, drugs and driving.

Since alcohol is by far Kentucky's most significant problem drug in relation to driving, most of the following unit is centered around alcohol. However, marijuana is increasingly a drug of choice among youth, and young drivers need information about its effects on driving and legal controls. Another major concern is the mixing of alcohol with other depressant drugs such as tranquilizers and sedatives. All young drivers should understand synergism that can occur and its effect on driving ability. Other drugs may be frequently used in a certain locale, and the teacher may want to include them for that reason.

I. Relationship between alcohol/other drugs and driving (See Chart I, this section)

A. Alcohol

B. Marijuana

C. Barbiturates/methaquealone(Sopors)
/other sedatives

D. Tranquilizers

E. Antihistamines

F. Amphetamines/cocaine

G. Narcotics

H. Hallucinogens

I. Pain relievers (e.g., Darvon)

J. Synergism

II. Physical and mental effects of alcohol

A. Immediate effects

1. Increasing impairment with higher BAC
(See Chart II and Chart III, this section)

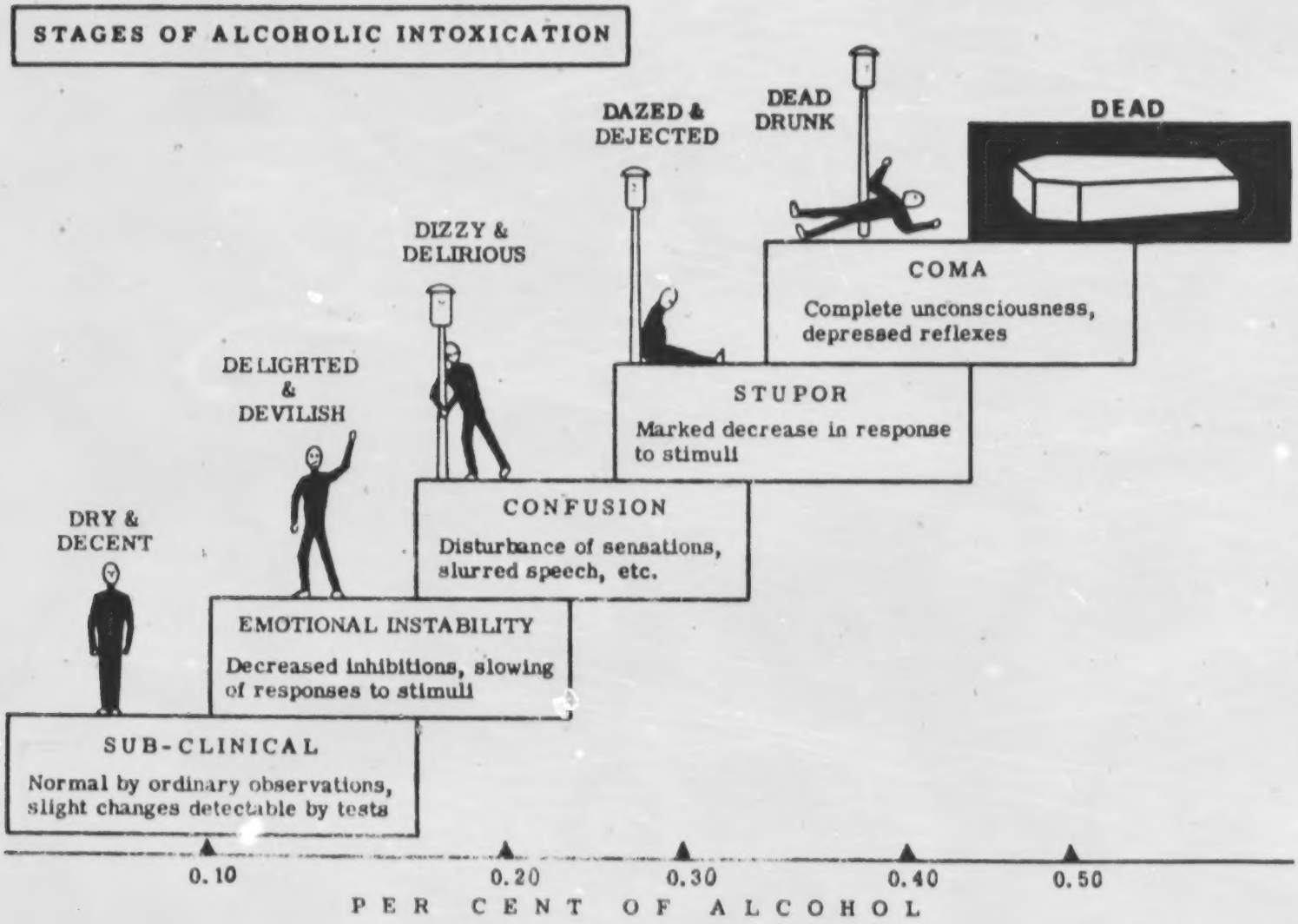
2. Metabolism and elimination of alcohol in the body

3. Factors contributing to effects--how, why, where, when a person drinks
   a. Food in the stomach
   b. Number of drinks (See Chart IV and Chart V, this section)
   c. Mental set (I'm going to get drunk; I'm going to stay sober.)
   d. Time (dissipation of approximately one drink per hour)
   e. General physical condition (fatigued, ill)
   f. Presence of other drugs (synergistic action)

B. Long term effects of chronic drinking

1. Problem drinking and alcoholism
   a. Early warning signs
   b. Sources of help for the problem drinker or alcoholic (See Reference Section)

CHART II




137.

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CHART III

# DRINKING-DRIVING CRASH CHART

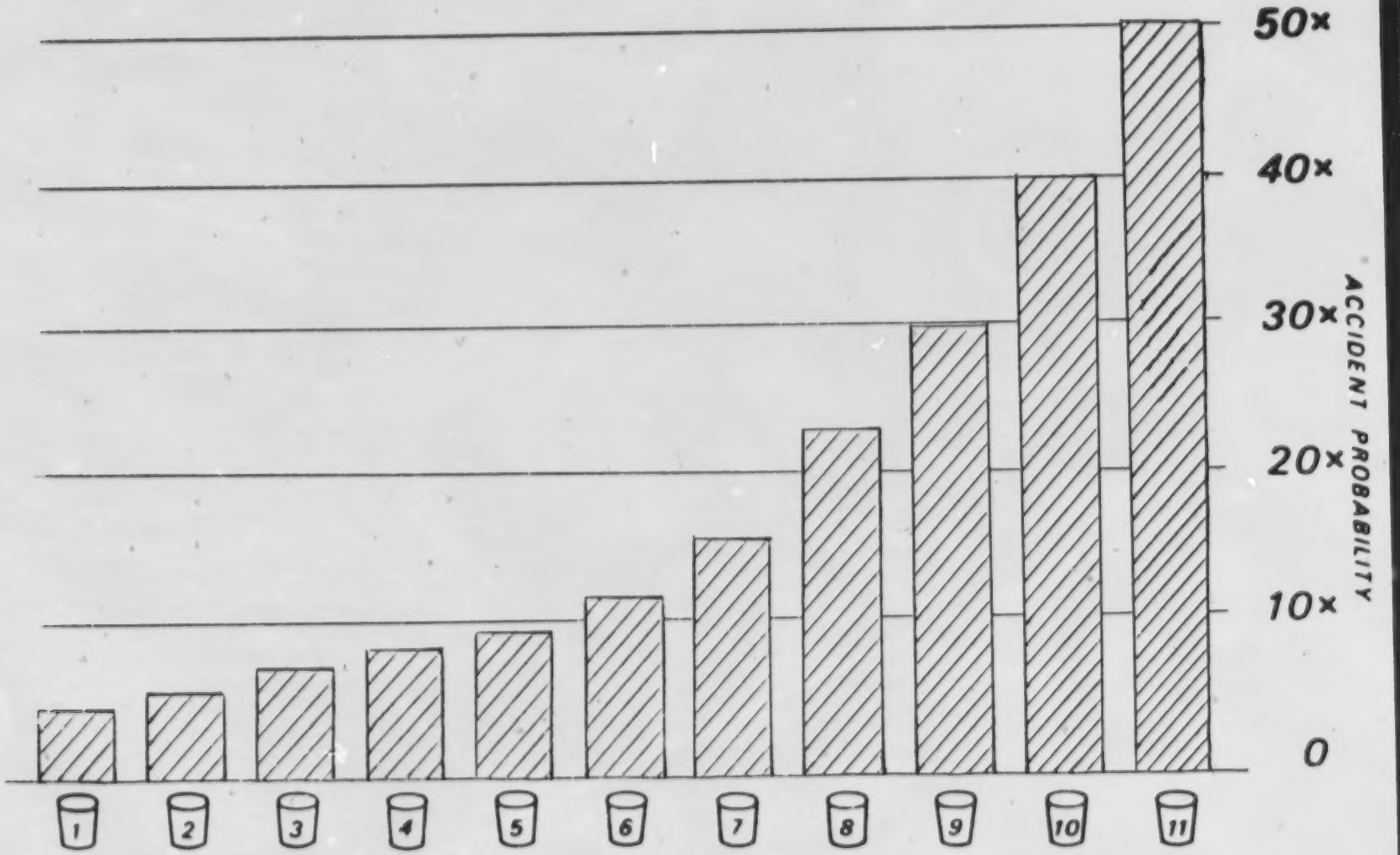
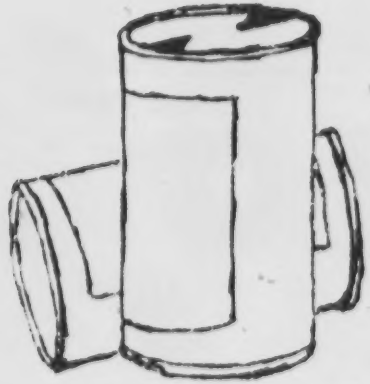


CHART IV

# WHISKEY / WINE / BEER
## Ethyl Content

**WHISKEY**
**100 PROOF**
**(50% Alcohol)**
**Average Drink**
**1 Ounce**
**(.5 Oz. Alcohol)**

**WINE**
**(15% Alcohol)**
**Average Drink**
**3.5 Ounces**
**(.525 Oz. Alcohol)**



**BEER**
**(4.5% Alcohol)**
**Average Drink**
**12 Ounces**
**(.54 Oz. Alcohol)**

III. Factors that affect an individual's decisions about using alcohol, marijuana, or other drugs (in general, and when driving)

A. Peer pressure

B. Cultural mores

C. Personal needs (socializing, loneliness, insecurity, pleasure, relaxation, etc.)

D. Maturity and responsibility

IV. Legal controls regarding driving while using alcohol/other drugs

A. D.W.I.--Commonwealth of Kentucky

1. KRS 189.520--The "Violation" Law:

ACTS PROHIBITED--It is a crime to operate a motor vehicle, or any vehicle that is not a motor vehicle, anywhere in this State, while under the influence of intoxicating beverages or any drug which may impair one's driving ability.

PRESUMPTIONS OF ALCOHOL INFLUENCE: If the arrested person has the following percent (by weight) of alcohol in his blood then certain presumptions are raised:

.00 - .05% . . . Not under influence
Over .05%, under .10% . . . . . No presumption
.10% and over . . . . . Under influence

"I think I've located the trouble."

2. Penalties

First Offense

The court has authority to permit the offender to keep his license and still convict him of D.W.I. The stipulation here requires that the offender must attend the Alcohol Driver Education Program.

Fine is from $100 to $500.

Failure to attend or complete would be mandatory revocation of license by the Department of Transportation for six months.

Second Offense

Mandatory revocation of license for 1 year.

Mandatory $100 to $500 fine.

Mandatory imprisonment for three days and not more than six months.

Third Offense (and subsequent offenses)

Mandatory fine of $100 to $500.

Mandatory imprisonment of 30 days and not more than 12 months.

Mandatory revocation of license for two years.

B. Kentucky's Implied Consent Law (Principle Statutes--KRS 186.565 and KRS 189.520)

1. TO WHOM DOES IT APPLY? Any person who operates a motor vehicle in Kentucky.

2. WHERE DOES IT APPLY? Anywhere in the State--it is not restricted to public highways, roads and streets.

3. WHEN DOES IT BECOME EFFECTIVE? If any person is arrested for "any offense arising out of acts alleged to have been committed while the person was driving or in actual physical control of a motor vehicle in this State while under the influence of intoxicating beverages."

4. WHAT DOES IT PROVIDE? The arrested person is deemed to have given his consent to a chemical test of his blood, breath, urine, or saliva to determine the alcohol content of his blood.

5. CAN THE TEST BE REFUSED? The arrested person can refuse the offered test, but if the proper warnings, sworn statements, etc., are made by the arresting officer, the person's drivers license will then be revoked for a period up to six months.

6. DOES THE ARRESTED PERSON HAVE THE RIGHT TO A TEST OF HIS OWN? Yes, in addition to the one given by the arresting agency, he has a right to get a test by a physician of his own choosing.

V. Educational Materials* (Also see Section 7-9, this guide for additional activities.)

A. Booklets

1. U.S. Department of Transportation National Highway Traffic Safety Administration, You, Alcohol and Driving Booklet, Feb. 77, DOT HS802.195.

2. American Automobile Association, Sportsmanlike Driving, Washington, D. C., McGraw-Hill, 1975.

3. Kaywood, Richard, et. al. Drive Right, Glenview, Illinois, Scott Foresman, 1977.

B. Pamphlets

1. "The Way to Go," Kemper Insurance Co., Long Grove, Illinois 60049.

2. "People Do Drink and Drive," ADTSEA, Washington, D. C. 20590.

C. Filmstrip

A New Look at the Old Sause, Texas Commission of Alcoholism, 809 Sam Houston Building, 201 East 14th St., Austin, Texas 78701.

D. Films

1. Drinking Driver - General Motor Film Library

2. How Much Is Too Much - General Motor Film Library, Detroit, Michigan 48202.

3. Drink, Drive and Rationalize - Local AAA Offices

4. Dialogue About Drinking - Copy owned by each high school in Kentucky; also available at the Traffic Safety Institute, Eastern Kentucky University. (Most of the information structured into this unit could be studied through the use of this "trigger" film. If the teacher carefully studied the factual and mythical information espoused by the people in the film [and used the accompanying teacher's manual], he/she could develop class discussion which would bring out the correct information.)

VI. Evaluation

Evaluation of this unit should include teacher observation of student involvement and response, as well as written tests on information. The following sample true/false test on alcohol could be adapted to include information on marijuana and other drugs.

ALCOHOL TEST

| True | False | | |
|---|---|---|---|
| ___ | X | 1. | The term DWI is another way used to refer to drunk driving. |
| X | ___ | 2. | BAC is a shortened version used when referring to "blood alcohol concentration." |
| ___ | X | 3. | A person can be arrested for DWI "only" if he has been drinking alcohol. |
| ___ | X | 4. | If a person is arrested for DWI and has a BAC of less than .10% (example: .08%), he does not have to go to court. |
| X | ___ | 5. | Bourbon, beer, and wine all contain different kinds of alcohol. |
| X | ___ | 6. | A 12-ounce beer contains about the same amount of alcohol as 1 ounce of 100-proof bourbon. |
| X | ___ | 7. | Alcohol is eliminated from the body at the approximate rate of 1 drink per hour. |
| ___ | X | 8. | A person's body size has little to do with how much alcohol it takes to make him intoxicated. |
| ___ | X | 9. | Alcohol is digested like other foods and takes several hours to get into the blood. |
| X | ___ | 10. | The brain is the most important organ which is affected by alcohol. |
| X | ___ | 11. | Alcohol is called a depressant because it slows the body's nerve impulses. |
| ___ | X | 12. | Alcohol is eliminated from the body mainly by the kidneys. |

| | | | |
|---|---|---|---|
| X | ____ | 13. | Drinking on a full stomach will cause a person to reach a slightly lower BAC level than normal. |
| ____ | X | 14. | You may lose your driver's license on a refusal to take a chemical test when arrested for DWI only if you are found guilty. |
| X | ____ | 15. | The breathalyzer is an instrument used to determine the amount of alcohol in a person's blood. |
| X | ____ | 16. | Experience will help a person to drink more without being affected. |
| ____ | X | 17. | Giving a person black coffee is a good way to sober them up fast. |
| X | ____ | 18. | The term "drunk" means behavior or the way a person acts when he is drinking. |
| X | ____ | 19. | Time (1 hour for each drink consumed) is the only method by which a person sobers up. |
| X | ____ | 20. | Physical intoxication is the amount of alcohol in the blood. |
| X | ____ | 21. | Coordination, reflexes, and vision are some of the physical abilities alcohol affects. |
| X | ____ | 22. | Combining alcohol with other drugs is referred to as synergy. |
| ____ | X | 23. | A person has to be staggering drunk before he is considered to be a drinking driver and arrested. |
| X | ____ | 24. | Using a taxi service is a good way to prevent DWI. |
| X | ____ | 25. | A hangover is simply the body's reaction to a drug (alcohol). |
| X | ____ | 26. | The driving ability of most persons becomes impaired before they display outward signs of impairment. |
| X | ____ | 27. | Alcohol is likely to affect driving performance of teenage drivers more than adults. |

| | | | |
|---|---|---|---|
| ____ | X | 28. | A person can drive as well or better after a few drinks. |
| X | ____ | 29. | Use of alcohol makes identification of hazards more difficult. |
| ____ | X | 30. | A drinking driver has to be drunk to be dangerous. |

*Taken from the Kentucky Driver's Education Guide

## SOCIAL STUDIES

The area of social studies is concerned with people as individuals, their interaction with other people separately and in groups, and with their adjustments to their physical environments. History and the various social sciences - economics, government and politics, geography, anthropology, philosophy, sociology, psychology - are also concerned with human relationships. The social studies consist of knowledge selected from the humanities and the social sciences and organized for the instruction of pupils of all ages. From the social studies, students can gain knowledge about man and society, past and present, that can contribute to intellectual enrichment and pleasure.

Two characteristices of the modern-day social studies which lend themselves beatifully to the Alcohol and Drug Education are stated below:

(1) An emphasis on inquiry and discovery of relationships by pupils, as opposed to the presentation of conclusions to pupils by teachers.

(2) The use of a variety of materials, including paperback books, films, filmstrips, records, artifacts, pictures, paintings, transparencies, and slides as data sources, as opposed to relying upon a single, usually hardbound text.

The social studies teacher who is looking for ways to intergrate Alcohol and Drug Education into the high school social studies curriculum will discover that the activities covered and suggested at grades seven through nine (7-9) are still most appropriate.

Much time and effort was spent developing ideas for social studies that could be repeated or changed slightly to better meet the student's contemporary life situation.

Listed below are a examples of the many topics and issues in alcohol and drug education which could be studied by students in Social Studies.

Course: U. S. History - United States History is a required course that must be completed before graduation.

Suggestion: History of alcohol and drug use in the United States.

A. Pre-Colonial use of drugs in North America.

1. Indian use of tobacco

2. Indian use of peyote

3. Extended use of alcohol in every colony

B. Drug use increase in Colonial and Revolutionary Periods

1. John Rolfe and the curing of tobacco in Jamestown

2. Growing of marijuana for hemp by prominent Americans such as George Washington and Thomas Jefferson

3. The practice of using snuff.

Problems of American Democracy - This course offers the student the opportunity to consider in-depth contempory problems which have their origins or possible solutions in the social sciences.

Suggestion: Students studying problems of the family in our society might give special attention to the misuse of drugs by family members.

A. Discuss the problems associated with splitting the family by divorce. When alcoholism is the cause? When alcohol or drugs are used to cope with the trauma?

B. What skills must individual family members have in order to restore and build a new life? Into what traps might family members fall (drinking, smoking, etc.) if they are not responsible?

C. Discuss the problem assiciated with the closing down of factories. What impact could this have on the "bread winner" and the family unit? How do families cope?

D. The teacher could suggest projects that require students to solve problems. . . What do you do when you become unemployed?

Course: Economics - Impact of alcohol and drug use and misuse on the American economy.

Suggestion:

A. Revenue derived from the sale of alcohol, tobacco and other drugs in national, state and local economies.

B. Employment provided by tobacco, alcohol,and pharmaceutical industries.

C. Discuss the government support of tobacco, while lung cancer and heart disease continue to be major health problems.

D. Contributions by the drug industry to charitable, educational and other worthwhile organizations and agencies.

E. The effects on industry due to alcohol and other drugs of abuse.

1. Loss of production.

2. Accidents on the job.

F. Cost of crime accompanying alcohol and drug abuse.

1. Cost to individuals.

a. Theft.

b. Injury.

2. Cost to society.

a. Increased law enforcement cases.

b. Cost of keeping convicted persons in jail.

Course: Sociology - Rise of known alcohol and drug abuse in the Twentieth Century.

Suggestion: A. Socio-economic conditions having an impact on the rise of drug abuse.

1. Urbanization

2. Improved communication and transportation

3. Rise in family affluence resulting in more money for family members

4. More leisure time

B. The drug culture of today as a growing influence on society

1. Influence on music

2. Influence on the movie and television industries

3. Influence on literature

Course: World History - Comparison of United States laws regarding the sale and possession of illegal drugs to drug laws in foreign countries.

Suggestion: A. A comparison of the drug laws of the following western hemisphere countries to the drug laws of the United States.

1. Canada

2. Central American Countries

3. South American Countries

B. A comparison of the drug laws of the following eastern hemisphere countries to the drug laws of the United States.

1. European Countries

2. Asiatic Countries

3. Mid-East Countries

4. African Countries

These are just a few examples of how alcohol and drug education could be intergrated into social studies. The experienced teacher in that area who is alert to the possibilities for including drug education can readily identify innumerable learning activities, concerns, and issues.

## BIOLOGY

The drug and alcohol abuse education of secondary students has been largely ignored or reduced in importance in science classrooms. A survey of biology textbooks adopted for use in Kentucky high schools underlines this fact as only a few of the selected texts have sections relating to this topic, and most of them do not make any reference to alcohol or drug usage at all. Although drug and alcohol abuse education are not considered by many science educators to be an essential component in the science curriculum, the tremendous escalation of alcohol and drug abuse in this country should make it a major concern of all educators.

Most of the alcohol and drug education materials which have been produced are more closely aligned with and more adaptable for the health education curricula of the secondary school. However, many aspects of drug and alcohol abuse can be related to, and should be included in, animal physiology, genetics, embryology, cellular biology, and animal behavior units in the biology curriculum. The effects of excessive use of alcohol, drugs, and tobacco on human organs and organ systems is well documented

and laboratory activities can be used to demonstrate the destructive effects. Information relative to possible chromosome damage and the detrimental effects of drug or alcohol usage on the unborn fetus has been published and certainly merits discussion in the science classroom. The social and enrivonmental problems of, or caused by, drug and alcohol abusers are enormous and make suitable topics for discussion in human ecology units.

It is important that interrelationships between subject areas be stressed in the school curriculum. Topics such as drug and alcohol education, sex education, environmental education, and career education are multifaceted topics of great importance in the child's education. These areas, however, should not be "added to" the curriculum, but should be included as viable learning experiences within the existing curricular framework so that the content, and more importantly, the value system associated with it, can be incorporated into the thinking of the student.

The content of this guide provides a wealth of resources and suggestions of topics for discussion, demonstration, and special topics in the science classroom. The inclusion of drug and alcohol abuse materials in the biology curriculum adds a relevant dimension to the science program that is consistent with current science education philosophy.

SAMPLE ACTIVITIES FOR BIOLOGY (See Section 7-9 for additional activities.)

I. Animal Physiology

Discuss the effects of alcohol consumption on brain and nerve tissue.

Study the chemical factors affecting heartbeat rate (Laboratory activity in which depressants and accelerators are dropped on the heart muscle of a pithed frog).

Make a study of the heart beat rate and blood pressure of smokers vs. non-smokers, coffee drinkers vs. non-coffee drinkers, etc., in your school.

Study the effects of dilating vs. constricting drugs on capillary circulation using the web of a frog's foot or tail of a small fish.

Discuss the relationship between tobacco usage and heart disease.

II. Genetics/Embryology

Research and discuss chemical mutagenic agents and the possible chromosome damage due to drug abuse.

Research and discuss the effects of a mother's excessive use of alcohol and tobacco on the unborn fetus.

Research and discuss the effects of a mother's excessive use of drugs on the unborn fetus.

III. Cellular Biology

Compare the lung tissue of smokers and non-smokers (use prepared slides or photographs).

Discuss the absorption and oxidation of alcohol in the cell and its immediate and long range effects on the organism.

Discuss cancer and evidence which indicates a substance is carcinogenic.

Examine slides of cancer tissue (prepared slides may be obtained from biological supply companies).

IV. Animal Behavior

Discuss the effects of alcohol/drugs on reaction time.

Discuss the effects of alcohol/drugs on the driver of an automobile.

Discuss the effects of different types of drugs such as barbituates, stimulants, depressants, hallucinogens.

Discuss the effects of taking a combination of drugs within a short period of time.

V. Human Ecology

Discuss the effects of drug and alcohol abuse on communities.

Research and discuss the cost of alcoholism to society.

Discuss the relationship of alcohol/drug abuse to marital problems and child abuse.

Discuss the social and psychological effects of drug and/or alcohol abuse.

## CONTEMPORARY HEALTH ISSUES

Contemporary Health Issues is an elective course that should focus on current health problems or areas of interest. The elective course offered at the 10th, 11th or 12th grade is <u>not</u> a repeat of the 9th grade required one/half unit course in health education, or is it in any way geared for allied health students. This course deals with today's health problems and areas of interest whatever they may be (examples: venereal disease, preparation for marriage and parenthood, air/water pollution, drug use and addiction, current nutrition fads, health services, self-care, consumer education, death and dying, alcoholism). In addition to current issues discussed, the course should provide a wider variety of methods and experiences such as value clarification, dealing with aggressive behaviors, decision-making skills, life-coping skills, and other concerns which could possibly provide a reduction in many of our contemporary health problems.

A variety of instructional approaches might be used when implementing this elective course. Consideration should be given to phase-elective, modular and mini-courses, and other innovative methods as well as the standard yearly or semester course.

Many of the activities in the 7-9 Section of the Guide are appropriate for the Contemporary Health Issues class.

Much time and effort was spent developing ideas that could be repeated (students need repetition) or changed slightly to better meet the students' contemporary life situations.

Listed below are a few of the many topics that could be discussed. Do not limit yourself to these, but let these spur your imagination further.

Discussion of:

1. various effects of alcohol, drugs, and tobacco on the human today.
2. Psychological compulsion to (abuse) drugs.
3. Known dangers/pleasures involved with use of alcohol.
4. Established basic principles for intelligent self-direction in use of alcohol and other drugs.
5. Various sources of help and treatment for alcoholics and other drug abusers.
6. Difference between drug use and drug abuse.

"ONE OF THESE DAYS I'LL STOP SMOKING!"

7. Stages of alcoholism and types of patterns;
8. Known types, sources and effects of abused drugs;
9. Types, effects, and cost of over-the-counter drugs;
10. the attitudes and behavior patterns of people unable to use drugs without abusing them ;
11. forces which influence drug-using behavior, e.g., advertising, peer pressure;
12. legal aspects of drug usage.

Students should be able to:

1. analyze relationships among: alcohol intake, driving behavior, and legal restrictions.
2. recognize potential for synergistic action among the more commonly used drugs, i.e., alcohol, analgesics, antihistamines, tranquilizers.
3. identify intelligent behaviors in the use of alcohol and other drugs which would decrease the risk to self and others.
4. execute a simulated decision-making process concerning use and abuse of selected drugs, employing the skills of intelligent decision-making.
5. recognize the symptoms of developing alcoholism/drug addiction.

problem solving

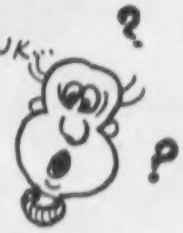
values clarification

# Additional Aids

learning centers

decision-making

# do you believe...




1. LIST FIVE THINGS YOU BELIEVE STRONGLY ABOUT DRUGS, ALCOHOL, AND SMOKING. EXPLAIN YOUR FEELINGS ABOUT THESE THINGS. DID YOU CONSIDER THE INFLUENCE OF FAMILY AND FRIENDS?

2. WHAT ARE SOME ISSUES RELATED TO DRUGS, ALCOHOL, AND SMOKING ABOUT WHICH YOU HAVE NOT YET DECIDED? WHY HAVE YOU NOT YET MADE A DECISION ON THE PROS AND CONS OF THESE ISSUES?

3. WOULD ANY OF THESE OPINIONS OR DECISIONS SURPRISE ANY OF YOUR FAMILY OR FRIENDS? WHO AND WHY?

(LA,Hea)

# the cold shoulder...

People always turn their backs on me. Nobody ever bothered to speak to me kindly. While groups of people would play together, I would always play alone or stand in a corner, watching them. It wasn't that I was afraid of them, I just didn't know what to say.

As I grew older, being alone became a bigger problem. I had no one to go with me to the basketball games. Everytime I went to the movies, I went alone. It's a lonely feeling when you live like that.

So then, I discovered alcohol.
It helped me feel more secure. It helped me talk to people. When I was drinking, I felt as though I were one of the group.

1. What do <u>you</u> think was this person's problem? Explain

2. How would <u>you</u> handle this problem? Explain.

3. Think of the times you have a problem speaking to people. Do any of those times have anything in common?

4. What do you think of the solution to this person's problem? What are some alternatives that you might consider?

(LA,Hea)

# Why?

Answer each one of these questions in one or more paragraphs. . . (You may need to use some other resource books to find the answers. Don't forget, your opinion is important too. . .)

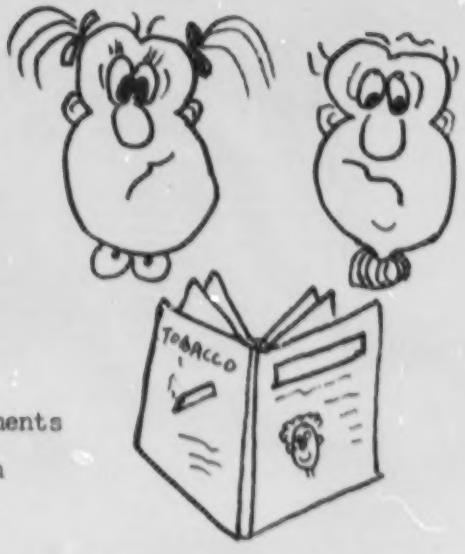
1. Why is alcohol considered a drug?

2. Why do people abuse alcohol?

3. Why do the effects of alcohol abuse prove so costly?

4. Why are there laws regulating the sale and use of alcoholic beverages?

(SS,LA, Hea)




Activity: Collage of Advertized Drugs

Materials: glue
paper
magazines
scissors

Grade 3-8

Make a collage of pictures and advertizements of "over the counter drugs" advertized in magazines.

Variations: On one half of sheet, make collage of pictures of drugs. On the other half just the propaganda slogans to attract attention of customers. If students have studied propoganda slogan techniques they may be analyzed and grouped by similarities.

(Consumer Ed, Hea)

# my way...

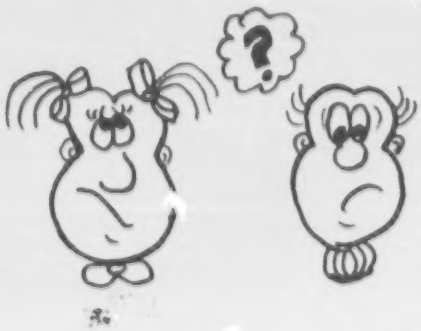
Inside myself I feel feelings like everyone else. When I stand in front of a mirror I look like no one else. My fingerprints are different. I talk differently. While all of us can do things that are similar--like sports, writing, hobbies, being a son or daughter--there are special things that are unique. Consider how you laugh, what you feel, the way you treat others. What's your special touch that makes you different from your friends?

1. List six ways you are different.

2. Why are you different in these ways?

3. When is being different a handicap?

4. When is being different a help with your friends?



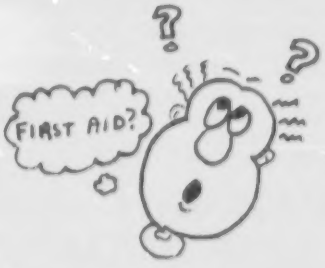
(CEd,LA)

# protect yourself...

During the course of the day, you sometimes find yourself in situations where you can get your feelings hurt. Suppose your best friend wants you to take a pill that he says will make you feel funny all over. He (or she) is a faithful friend, yet you know to take the drug will be absolutely wrong. You might be hurt if you try it and his feelings will be hurt if you don't take it.

How do you protect yourself from these <u>personal</u> hurts you feel inside--hurt feelings; hurting others; feeling impatient or left-out. Answer these questions in several paragraphs.

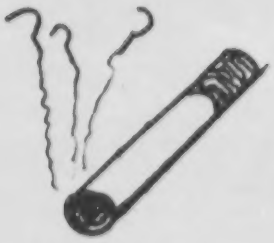
<u>TO PROTECT YOURSELF FROM PERSONAL HURTS</u>:




1. HOW DO YOU ACT? EXPLAIN.
2. WHAT DO YOU SAY TO YOURSELF? EXPLAIN.
3. WHAT DO YOU DO ABOUT THE SITUATION? EXPLAIN.
4. HOW IS THE FUTURE DIFFERENT BECAUSE OF YOUR ACTIONS?

(LA,Hea)

# More Flavor...



Companies that produce and sell tobacco products are always promoting the product with catchy phrases and pretty pictures. Do they always tell the truth? Is there more flavor, less tar; bring about good times . . . What about stains on fingers, possibility of cancer, stains on teeth, unpleasantness to non-smokers?

Choose a tobacco advertisement from a magazine. Cut out the product. Paste it on a piece of paper. Now fill in your own slogan with some phrases of truth about smoking.

Are there laws to protect us from false advertising? Find out.

*May be adapted for "over the counter drugs" and alcohol.

(LA,SS)

# calling outer space...

If life does exist on another planet or in space, I wonder why they haven't bothered to make contact with humans. I have a couple of reasons why they might <u>never</u> try to reach us. People of different nations are at war constantly. People of different colors are always fighting over rights. People steal, and people hate even their own family and neighbors. People take drugs unwisely and drink alcohol in great amounts thinking this will solve all their problems. Given a choice, would you want to introduce yourself to this?

In a paragraph (or more) explain <u>why</u> you think people have these problems. Do drug abuse and alcohol misuse help? Tell also how you as an earthian can help.

(Sci,SS,LA)

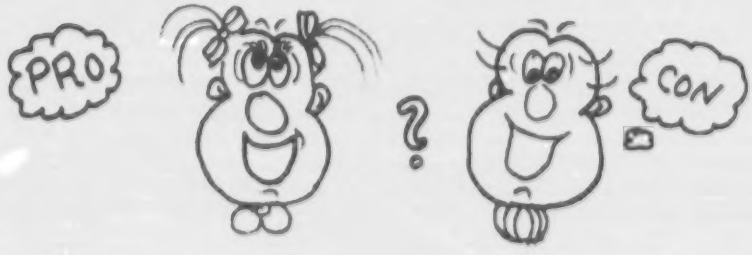
# pro or con...

Prepare yourself for a panel discussion. Choose one of the statements below and decide whether you agree (pro) or disagree (con). Use books provided by the teacher or library to find information to back your argument. Have good, solid reasons to back up your point of view. "Just because" is inadequate.

Now find someone that agrees with your point of view. Contact your teacher and the arrangements will be made for your public debate.

1. Teenagers, 14 and older, should be allowed to drink alcohol.

2. Alcohol should become illegal.




(SS,LA,Hea)

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## LEARNING CENTER

### Iron-on Patches and Bumper Stickers

Materials: Iron-on patches (light colors) and/or white or other light-colored contact paper
Permanent felt-tip pens (dark or contrasting colors)

Instruction: Create an iron-on patch, or using the contact paper make a bumper sticker using a slogan about the hazards of smoking. Some suggestions:

Food Tastes Better . . .
When You Don't Smoke

Cigarettes Cause Forest Fires

Cigarettes Are the Number 1
Cause of Fire in the Home

Cigarettes Give You Hallitosis

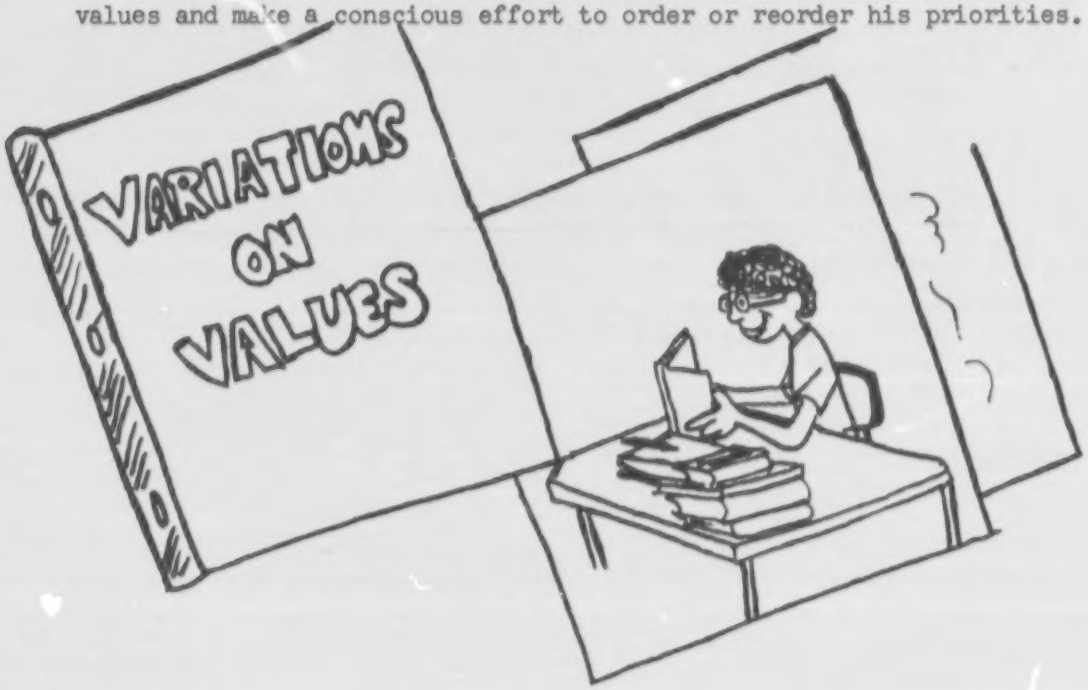
Smoking Causes Cancer.
Cancer Kills People.

Students may take them home to be used . . .

LEARNING CENTER OR GROUP INSTRUCTION

Variations of Values

Purpose: The student should be able to assess his own personal values and make a conscious effort to order or reorder his priorities.




1. Cut from magazines at least 10 large, colorful pictures that show people engaged in activities that demonstrate something about their own personal values (be sure to include smoking, drinking alcoholic beverages and taking of some kind of medication).

2. Paste these pictures (one to a page) in a large scrapbook. Add a title page that says "Variations on Values" or some similar title.

3. Instruct students to use the scrapbook individually, to look at each picture carefully, and to decide what kinds of qualities are paramount or most important to the people in the pictures. Then they should write words or sentences that

represent these ideas on the back of the page bearing that picture. (All students will thus be adding their assessments to the same page.) Written instructions may appear on an introductory page or at the top of each page--or may be given orally or on a tape.

4. Add to the scrapbook a page for each student who will use this book. Put the student's name at the top of the page in bold letters.

5. Ask each student to find the page bearing his name after he has finished viewing and making comments on the picture pages. On that page ask him to draw or paste cut-out pictures that represent things and qualities that are of value to him.

   Conduct a class discussion related to personal values before the scrapbook is discarded or kept for further review or thought.

# SELECTED REFERENCE MATERIAL

I. HISTORY of DRUG USE and ABUSE
II. PHARMACOLOGY of ABUSED DRUGS AND TOXIC SUBSTANCES
III. A PRIMER ON ALCOHOLISM
IV. A PRIMER ON MEDICINES
V. DRUG LAWS IN KENTUCKY
VI. HOUSE BILL 538 AND GUIDELINES FOR IMPLEMENTATION
VII. TREATMENT PROGRAMS IN KENTUCKY
VIII. SELECTED RESOURCES

# I. HISTORY OF DRUG USE AND ABUSE*

Since the beginning of time, man has experimented constantly with drugs for medicinal purposes and in an endless quest for an escape from reality. References to the desirable effects of opium, perhaps the first true drug of abuse, and its major constituents are as old as recorded history. In the Sumerian tablets of the eighth century B.C., are found the earliest references to the opium producing poppy plant. The Sumerians cultivated the opium poppy plant in order to extract its juice. The knowledge of opium's medicinal properties spread from the Sumerians to the Babylonians and from there to Persia, Egypt and Greece. Homer wrote in the Iliad that the poppy had the power of "inducing forgetfulness of pain and the sense of evil." Sprinkled with honey over food, the poppy seed was a Roman favorite. In the seventh century B.C., opium was used medically by Assyrian physicians. Even the Greek physician Hippocrates, though not an advocate of opium, recommended the juice of the poppy as a cure for many afflictions. Two other early civilizations, the Aztecs and the Incas, discovered the stimulating effects achieved when the leaves of the Erythroxylon coca plant were chewed and the drug cocaine was released. Natives of the Peruvian Andes claimed that fatigue was forgotten, physical strength was improved and intellectual capabilities were increased upon chewing the coca leaves.

The use of marijuana was reportedly first described by the Emperor of China, Shen Nung, in the twenty-eighth century B.C., when he "recommended the medicinal properties of hemp for the relief of female weakness, gout, rheumatism, malaria, beri-beri, constipation and absent-mindedness." The intoxicating properties of marijuana were known among the Assyrians about eight B.C., and historical sources say that when mariguana reached India, its use became part of the Hindu religion. Arabic and Persian literature mentioned hemp and the Moslems introduced its euphoric qualities to northern Africa and other lands bordering on the Mediterranean as they moved westward at the beginning of the seventh century A.D. "By 500 A.D., Cannabis had reached nearly all of Europe and Islamic physicians were prescribing it for a variety of ailments. But traveling vendors also were selling concoctions of marijuana as an aphrodisiac."

Marco Polo, the famous world traveler, wrote about the use of hashish among Hasan and his Assassins in eleventh century Arabia. It was said that Hasan rewarded his followers for successful assassinations by feeding them a "preparation made from the resin of the female hemp plant." The Assassins were intoxicated with hashish before being sent out on their missions and Hasan also used the euphoric properties of hasish to entice younger men to join his Order of Assassins. Other references to the use of hemp appear in the tales of the Arabian Nights.

Since early physicians were concerned with the symptoms of the ill, they soon found that opium was an effective pain-reliever and sleep-inducer. During the Christian period, it was also administered for cough and diarrhea as it is today. "In Renaissance Europe, opium also was used to treat hysteria, thus becoming one of the first therapeutic agents for a mental disorder." As the medical value of opium spread, so did its abuse. But it was not until the seventeenth century that the use of the drug became popular solely for its psychological effects. Addiction was recognized as a serious problem after opium smoking had become profitable and widespread in China.

The use of alcohol is as old as man himself. "Whether primitive or sophisticated, ancient or modern, people of almost every nationality and historical period have carried on the custom of using alcohol." In primitive

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tribes, the custom of drinking alcoholic beverages was a deep-rooted one that was closely associated with their tribal life and rituals. Beer and wine especially played an important part. Marriage, ceremonies for honoring the dead, the rites of passage initiating the young into adulthood, and important decisions were generally accompanied by sessions of brewing and ceremonial drinking."

In early and medieval Europe, the use of wines and beer at meals was thought to improve the taste of the dried and smoked meats and unappetizing vegetables. It was easily stored, did not spoil and had a flavor that was definitely better than that of the available water. The process of distillation, developed in the Orient before the Christian era, became known in Europe about the eleventh or thirteenth century. Because distillation significantly increased the alcohol content over that found in brewed or fermented beverages, it "was a significant step in the development of drinking customs. . ." The production of alcoholic beverages, at this time, had become an important part of many a nation's economy.

The North American Indians adopted from the Mexicans the practice of using peyote in their religious rituals. This practice goes back to the early Aztecs who worshipped a variety of mushrooms and cacti and thought that peyote was "the flesh of the gods." "The Mexicans, as they turned to Christianity, continued to regard the plant as the 'flesh of gods' and . . . the natives sought out the divine plant calling it the nourishment of the soul as well as the food for the body." The Indian peyote rites are observed by the Apaches, the Omahas, the Kiowas and the Comanches to name a few. The peyote drug is taken in the form of "mescal buttons" (thick, fleshy slices of the cactus which have been laid in the sun to dry). Whereas the Christian missionaries tried to prevent the Indians from using peyote by claiming its users went to the depths of hell, the Indians simply replied that it really brought them closer to heaven. During the 1900's, a controversy concerning the lawful use of peyote in the religious rites of the Native American Church of North America (the Peyote Society) has raged on. Finally in 1964, the Supreme Court of California ". . . decided that the Indians did have a right to use peyote as a sacramental symbol since it was used by a Christian Church in place of bread and wine."

In addition to presenting peyote to North America, the Indians were also the ones to intorduce tobacco to the "white man." Tobacco usage dates back to the Aztecs of Mexico and the Incas of Peru. When Columbus discovered America in 1492, he found the Indians smoking. They used tobacco in various ways - cigars, pipes, chewing tobacco, snuff; but the greatest use was in pipe smoking. The American Indians smoked the "peace pipe" during ceremonials of political and public inportance. "To them this was an act of mutual trust. . ." The Indians also thought tobacco had some medical value. Up until the 1600's it was used as a form of medicine in Europe. "Jean Nicot, French Ambassador to Lisbon, recommended tobacco for its medicinal value - thus the word nicotine." Today we know that tobacco has no medicinal properties.

Sir Frances Drake encouraged the smoking habit when he returned to England in 1586 with tobacco leaves, seeds and clay pipes he had seized in the West Indies. Sir Walter Raleigh was responsible for popularizing tobacco's use and making it respectable in the English high society. It is astonishing that tobacco caught on so quickly in England because the nicotine content of the material that they smoked was much higher than the smoker today could tolerate. Snuff was a very popular form of tobacco during this period in Europe. It could be chewed, inhaled through the nose or rubbed on the gums and teeth. Its widespread use was attributed to the fact that "everyone was doing it."

Tobacco has been cultivated in America since the beginning of the first settlements in Jamestown, Virginia. John Rolfe, the husband of Pocahontas, is credited with developing tobacco as a money crop in Virginia. From there, its cultivation spread to other colonies and soon tobacco became a "major source of income and a medium of exchange for other products." Before the Civil War, the major use of tobacco was for pipe smoking although tobacco chewing was prominent then and has since been established as an old American custom.

Marijuana, often called hemp, was used during the Revolutionary Period to make rope for ships. The hemp plant played an important part in our economy in the 1850's as a source of rope. Even prominent Americans such as George Washington and Thomas Jefferson were reported to have grown hemp. Up until 1937, marijuana was "prescribed by physicians for its medicinal effects." Today, though, it is debatable whether marijuana has any medical value.

In the eighteenth century the Chinese Emperor, Yung Chen, tried to prohibit the smoking of opium because it had become so prevalent; but his demands were mostly ignored. By 1839, opium use had become such a serious problem that the Chinese government demanded the surrender of all opium stored in Western ships. The ships were held until all opium was surrendered, and the opium was destroyed later.

This new approach was a blow to Western prestige and resulted in great tension. One night a British sailor became involved in a brawl which resulted in the death of a Chinese native. Because the British would not surrender this seaman to the Chinese, the struggle known as the "Opium War" (1840-1842) was begun. The Chinese were defeated and the British under treaty demanded an indemnity of six million dollars for payment of the opium that was destroyed. They then established the greatest port in the Far East - Hong Kong. Opium importation continued to grow until 1911 when the British and Chinese governments agreed to restrict trade from India as well as the cultivation of the opium poppy in China.

The War Between the States resulted in even more problems concerning addiction. The use of the hypodermic needle was used extensively during the Civil War to administer morphine, a derivative of opium discovered at the turn of the seventeenth century, to soldiers who were wounded or suffered from dysentery. This was its first chance at widespread use. Since the danger of addiction was not fully recognized at this time, many soldiers returned to normal life addicted to morphine. "Soldier's Illness" became a common term at this time and actually meant narcotic addiction.

Many people felt that the use of the hypodermic syringe would provide a method of administering morphine without producing addiction because the drug could not reach the stomach. Based on this idea, the public purchased syringes and morphine without a prescription and began a do-it-yourself program. It wasn't until the 1870's that it was recognized that morphine was as addictive as opium.

Heroin, the final derivative of opium, was synthesized in 1874 and is a chemical modification of morphine. It was not accepted genuinely until 1898 when the Bayer Company of Germany began commercial production. It was reported that peroin was ten times stronger than morphine and codeine and was even thought to be a good cure for morphine addiction. It was soon found that heroin created

many more addicts at a faster pace and that they were even harder to cure than morphine addicts. Equally important, heroin firmly established the hypodermic needle as the instrument of drug abuse.

After the Civil War, many patent medicines were available that contained morphine and opiate salts. Some good examples were Ayer's Cherry Pectoral, Jayne's Expectorant, Pierce's Golden Medical Discovery and Mrs. Winslow's Soothing Syrup. Drugs such as these were sold to the pioneers by traveling medicine shows as "cure-alls" for everything. They were promoted widely and respected by the settlers of this time. However, the use of opium and morphine as ingredients in patent medicines became so universal in this country by the turn of the century that the Harrison Narcotic Act of 1914 was passed to stem a rising addiction rate among United States citizens.

Ethyl alcohol has long been used for medicinal purposes as well as for antiseptic reasons. The basic ingredients for alcohol production have been around for millions of years. It has a long history of medicinal use and at one time was among the most widely prescribed drugs. Alcohol was probably one of the first tranquilizers known to man.

Among the many beliefs brought by the settlers, perhaps the most important was the use of alcohol for its health-giving qualities. For this reason, alcoholic beverages were in great demand in the wild American frontier.. The settlers believed a good pot of ale could give a man the strength to face the giant-sized tasks facing him. Travel was difficult at this time and doctors were scarce, therefore, there was nothing like a spot of rum or beer to ward off chills and fever. By 1750, rum was widely used by the colonists for such purposes. The distillation of rum was a very profitable industry, and it was also a source of triangular trade between New England, the West Indies and Africa.

Many synthetic drugs have just recently made it on the drug scene. The first of the synthetic sedatives, chloral hydrate, was discovered in 1868 and gained immediate popularity because of its sleep-producing effects. In 1883, paraldehyde, which was similar to chloral hydrate, was introduced. Together they soon gained notoriety in criminal circles where they were used as "knock-out drops." Barbiturates were introduced into medicine with the discovery of Veronal by two German scientists in 1903. They found they could control the effects that could vary from "slight sedation to deep anesthesia." The Germans were also the first to recognize the addicting properties of barbiturates "including withdrawing symptoms consisting of convulsions and psychosis resembling alcoholic delirium tremens."

After amphetamine was synthesized by George A. Alles in 1927, and found to relieve nasal congestion, the Benzedrive inhaler was introduced by a pharmaceutical company in 1932. The company later introduced dextroamphetamine in 1945 when they found the drug had helped obese patients lost weight. "It also counteracted drowsiness caused by some drugs used in the treatment of epilepsy and was helpful in reducing anesthesia after surgery." The students at the University of Minnesota in 1936 were perhaps the first to discover that amphetamines could help them stay awake while studying for exams. During World War II, the airmen took amphetamines to stay awake and alert when flying long, dangerous missions. Even United States Astronaut Gordon Cooper took an amphetamine capsule to keep alert for his re-entry on manual controls. Amphetamine abuse has since rapidly spread among the public. The Benzedrive inhaler became so abused that finally nothing

was left to do but take it off the market in 1949. A central nervous system stimulant closely related to amphetamine, methamphetamine, was widely used by the German army during World War II "to encounter fatigue among the troops engaged in prolonged missions with as little sleep as possible."

LSD-25, also known as lysergic acid diethylamide tartrate 25, was first synthesized in 1938. It was not until April 16, 1943, when Dr. Albert Hofmann of Sandoz Laboratories in Switzerland accidentally ingested some of the drug, that the phenomenal mental effects were observed. Before this potent hallucinogen could be properly researched, it became a drug of abuse and was viewed as a symbol of protest against society since many college students were using it. There had been hope that LSD might be used as a means to study psychoses but this expectation did not materialize.

## II. PHARMACOLOGY OF ABUSED DRUGS AND TOXIC SUBSTANCES*

### Alcohol

The number one drug of abuse in America today is ethyl alcohol, $C_2H_5OH$, which is the active ingredient in all alcoholic beverages. Alcoholism, a disease caused in part by alcohol, is one of the leading health problems in the United States. There are approximately nine million alcoholics in America and it has been estimated that from 65 to 85 percent of the adult population drink at one time or another. One out of every fifteen drinkers becomes an alcoholic. Alcohol contains calories but it cannot be considered a food since it has no food value.

An important characteristic of alcohol, also called ethanol, is that it does not have to be digested before being absorbed. Upon consumption, the surface tissues of the alimentary canal are the first to be irritated. This occurs even before absorption.

The rate of absorption depends on several factors; the amount of ethanol consumed, the rate of consumption, the size of the person, the amount of food in the stomach, and other possible factors. For example, the larger the person, the slower the absorption process. There is a phenomenon which may occur in the stomachs of some people. Drinking can cause the phloric valve in the stomach to become spactic in the process of closing; thus, the drinker may become nauseated. This condition is known as phlorospasm and helps to keep the person from drinking excessively.

Absorption from the stomach is relatively slow, but becomes rapid in the small intestine and is rapid in the remainder of the system. As this process is occurring, respiration may be stimulated if moderate amounts of alcohol are consumed; however, large doses may produce depression.

The ethanol is stored in the tissues until burned up, but most of the metabolism takes place in the liver. It is unclear what alcohol actually does to the liver. It commonly is accepted that chronic use may lead to fatty livers and a condition known as cirrhosis, but this disease may result from vitamin deficiency and malnutrition rather than from the alcohol itself. Most chronic abusers of alcohol do not eat properly when they are drinking. The alcohol is oxidized at a relatively uniform rate - approximately 3/4 ounce of whiskey or 1/3 ounce of absolute alcohol per hour in an average size man. This oxidation is not increased by consuming coffee, taking cold showers, etc.

Ultimately the alcohol will be carried by the blood to the brain. Alcohol becomes a drug when it reaches the central nervous system. It has long been thought that alcohol first affects the cerebral cortex, but later studies reveal that it begins with a structure known as the reticular formation. This could be called the "master switchboard" of the brain and modifies not only the activity of the cortex, but also the other parts of the nervous system as well. It is here that we become convinced that this drug is a depressant rather than a stimulant.

Controversy continues to rage concerning whether alcohol destroys brain cells. Due to a number of factors it is difficult to ascertain precisely what does happen in this respect. According to the American Medical Association: "Actual and irreversible cortical tissue destruction is found eventually after sustained,

heavy drinking. There may also be degeneration of peripheral nerve tissue. These processes may or may not be the result of the direct action of alcohol. Nutritional deficiencies and/or repeated head injuries may be contributors."

Alcohol is popular because with many people it produces pleasure. Even though it is readily accepted and widely available, it is a potentially dangerous drug. Chronic use is detrimental to both the individual and the society in which he lives.

TABLE: Blood Alcohol Level and Related Behavior

| No. of Drinks | Blood Level | Behavior |
|---|---|---|
| 1 | .02-.03 | relaxation and elevation of mood |
| 2 | .05-.06 | relaxation, warmth, happiness |
| 3 | .08-.09 | motor areas affected, balance, speech, vision |
| | .10 | constitutes DWI in Kentucky |
| | .15 | legal intoxication |
| 7 | .20 | entire brain disturbed, loss of motor control, mental confusion |
| 10 | .30 | severe intoxication |
| 14 | .40 | unconsciousness |
| 17 | .50 | deep coma |
| 20 | .60 | death from respiratory failure |

Narcotics

There are many drugs which can be listed as narcotics and only a few are mentioned here. Usually the term narcotics is applied to drugs which are derived from the opium poppy, Papaver somniferum. There are also synthetic drugs that fall into this category. Opium is converted into a morphine base and from this substance such drugs as heroin and codeine are synthesized.

The continued use of narcotic drugs can lead to both physical and psychological dependence. Tolerance development is seen also as a person becomes more dependent on one of these drugs. When the narcotic addict stops taking the drug and withdraws without the aid of medication, this is known as "cold turkey." This is a most painful process and may be one of the chief reasons addicts are hesitant to try to end their habits. It has been reported that a person can be withdrawn physically from heroin within ten days to two weeks; however, the psychological dependency may continue and prohibit a person from "kicking the habit."

The opiate-like drugs act as depressants on the central nervous system. They are very effective as pain relievers as well as causing lethargy, drowsiness and general confusion. Other effects may include constipation, flushing of the skin, depression of the respiratory system and constriction of the pupils of the eyes. Due to the fact that many addicts do not eat properly, malnutrition may be evidenced. Those who use the drugs intravenously may suffer from diseases related to unsterile needles and other paraphernalia. There is, of course, the possibility of death from an overdose.

Morphine is a narcotic drug of abuse which has legitimate medical use. It is most effective as a pain reliever. As for its illegitimate use, morphine produces euphoria and is prominent in the drug abuse scene. Tolerance builds very rapidly and physical addition can occur along with psychological dependence.

Probably the most popular opiate of abuse is heroin. This drug produces a type of euphoria that makes it the choice of the narcotic addict. It is usually mixed with water or some other liquid and injected. It can be inhaled or taken orally, but mainlining the drug gives the abuser a more desired effect.

The street junkie does not take pure heroin. This drug is usually diluted with substances such as quinine or milk sugar. Many addicts take a concentration of less that five percent heroin. Heroin addiction is a most expensive habit and costs some addicts as much as $100 per day or more. It can be observed readily that as heroin addiction rises in a community, so does the crime rate. Most addicts cannot support their habits financially and may resort to stealing in order to get money for the next fix. Also, the cure rate for heroin is very low and most addicts return to their habits even after undergoing treatment and rehabilitation.

Codeine is another opiate that is abused but usually in the form of cough syrups. Even though it is less potent than heroin or morphine, codeine withdrawal symptoms do occur.

Meperidine or Demerol is a synthetic narcotic which has medical use, but is proven to be an addicting drug with street value. Addiction does not develop as rapidly as with morphine or heroin. The drug is used in hospitals for relief of pain and is a common prescription for post-operative surgery.

Darvon is another synthetic drug that is used for relief of pain. There is some controversy surrounding the effectiveness of Darvon as a pain killer. Some medical personnel claim to find aspirin practically as effective, but others argue that this is not true. It is a fact that some drug abusers find Darvon a satisfactory euphoria-producing agent.

Methadone is a synthetic narcotic that has both medical value and demand as a drug of abuse. For many heroin addicts, methadone has been most effective as a drug which eliminates the craving for heroin. Even though a person addicted to heroin may switch to methadone addiction, the controlled dosage does not produce euphoria and a person can become a productive member of society. Because large doses and combinations can produce desired "highs" in some people, methadone has found its way onto the illegal market.

## Other Depressants

Man continually has sought relief from pain and suffering, and even in the most primitive societies one can find instances in which man has turned to drugs by utilizing the plant and animal sources in his immediate environment. It was, however, with the development of methods of organic compound synthesis that this search began to yield fruit. The synthesis of barbituric acid from urea and melonic acid in 1862 proved to be the first step in the development of a long line of barbitals and their subsequent clinical use.

The major response obtained from barbiturates is the depression of the central nervous system as they act upon the cerebral centers. They depress brain function and in large doses upset the rhythm of respiration by depressing the brain centers responsible for its maintenance. When properly prescribed and taken, barbiturates act to relieve tension and anxiety. However, if taken in larger doses they may produce drowsiness or sleep. An interesting phenomenon occurs, however, when barbiturates are combined with certain other drugs. If a moderate dosage of a barbiturate is taken in conjunction with a moderate amount of alcohol, the resulting effect may be much greater than the sum of the two dosages taken separately. This occurrence is called synergism because the action of one drug appears to potentiate the action of another. This can result in an unintentional overdose and can easily prove fatal.

An inevitable characteristic of continued barbiturate use is the development of physical dependence. Addiction is generally thought to have three main features: Physical Dependence, "a metabolic demand for a certain substance," is characterized by the occurrence of withdrawal symptoms upon discontinued use of the drug. Barbiturate withdrawal can be extremely dangerous and should be supervised by a physician. The severity of these symptoms depends on the dosage and duration of drug use. Withdrawal symptoms for barbiturates may vary with individuals, but generally can be said to be contrary to the effects caused by the drug. Typically, the symptoms are as follows: The intoxication declines and the patient may become restless weak and suffer from abdominal cramps, nausea and vomiting. These symptoms will peak around the second or third day and convulsions are generally present at this time. This is the most critical time, as the convulsions, if severe enough, may cause death. Often a physician will be forced to readminister the drug in order to save the patient. Death also may be the result of respiratory failure. Hallucinations and delirium may or may not develop between the fourth and seventh day. These, along with the other symptoms,

usually diminish by the eighth or ninth day. Tolerance involves the diminishing effect of a drug with repeated exposure to the same dosage. This is really nothing more than cellular adaptation. It appears that one main cause of tolerance is that as the body is subjected repeatedly to the drug, it requires larger amounts to achieve the same effects. It should be mentioned that although one may develop tolerance to the effects of the drug, tolerance for the amount necessary for a lethal overdose develops only to a certain point. Psychological dependence, in which a drug seems to satisfy an emotional need of the user, is often treated as a possible third trait common to addiction.

Barbiturates have medical value. They are used for such conditions as high blood pressure, peptic ulcer and spastic colitis. When barbiturates are taken in large doses, restlessness, excitement, delirium and conditions resembling the excitation of an alcoholic may occur. People intoxicated with "downers" are often mistaken for drunks. Disorientation, aggressive behavior, paranoid delusions and hallucinations often develop in severe cases. Barbiturates and amphetamines are often abused simultaneously. A person doing this may take a barbiturate to induce sleep after being on amphetamines and a person may take an amphetamine to offset the barbiturate "hangover."

Tranquilizers differ from barbiturates both chemically and pharmacologically. The primary difference in their action is that tranquilizers can affect a depression in mood, anxiety and motor activity without affecting the patient's state of consciousness. Tranquilizers can be divided into two groups, major and minor, based on their clinical use. The major tranquilizers include phenothiazine and reserpine and have proved useful in alleviating symptoms of certain major psychotic disorders such as schizophrenia. The minor tranquilizers have met with some success in the treatment of certain emotional disorders, relief of anxiety and tension and also have been used as muscle relaxants. They are probably the most widely prescribed group of drugs in the depressant category. Certain tranquilizers are subject to the same precautionary measures as barbiturates. Chronic use of some of the minor tranquilizers can result in phsyical dependence with withdrawal symptoms similar to those seen with barbiturates.

A word should be mentioned concerning depressants which are classified neither as barbiturates nor tranquilizers. One in particular, methaqualone, is classified as a sedative-hypnotic. Chemically it is not a barbiturate, but its pharmacological effects are remarkably similar. It is prescribed generally for insomnia but it has been combined with various other drugs and used to treat peptic ulcers, obesity, gastroenteritis and a host of other disorders. Although methaqualone's effects are similar to those of barbiturates, it appears to act on a different central nervous system site. The exact mechanism by which it exerts its effects is not fully understood. The chronic user of methaqualone can develop tolerance to its effects and physical addiction is not uncommon. Withdrawal symptoms consist of "headache, anorexia, nausea and abdominal cramps." Again, as with barbiturates, one does not develop complete tolerance to the amount necessary for a fatal overdose. Death may occur from convulsions or respiratory arrest. The action of methaqualone appears to potentiate the action of certain other drugs, notably that of alcohol. A substantial number of deaths have been reported from indiscriminate mixing of methaqualone and alcohol.

## Hallucinogens

An hallucinogen or psychedelic drug is one that has mind-altering properties. There are a number of drugs, most of which are illegitimate, that fall into this category. The user of hallucinogens usually enters into a state which is removed from reality; consequently, this hallucination may cause the person to inflict harm upon himself or others.

Synesthesia (the crossing of the senses) occurs with the use of some hallucinogenic drugs. A person may experience a situation in which he visualizes a sound or hears a color such as red or blue. It is virtually impossible to predict the type of "trip" or experience that one may have and herein lies possibly the greatest danger associated with the use of hallucinogens. Some users return to reality and describe their trips as beautiful, wonderful or use a variety of descriptive adjectives to relate a desirable experience. Others, however, may experience horrifying hallucinations. There is no guarantee that the first users will have the same pleasurable experience the next time they use the drug.

One of the most well-known hallucinogenic drugs is Lysergic Acid Diethylamide, also known as LSD or LSD-25. A common street name for the drug is "acid." LSD is made from a fungus called ergot which is usually found on rye grain. Since the drug has no legitimate use at this time, it is manufactured in clandestine laboratories. These laboratories may be found in the midst of very unsanitary surroundings, thus practically insuring that impurities will be found in the drug. The substance may appear to be a colorless, odorless and tasteless liquid or a white powder. This does not rule out the possibility that other ingredients may be mixed with the drug in order to alter its appearance.

A phenomenon that may occur with the use of LSD is that of the "flashback". This is the recurrence of an hallucination days or possibly even months after the last dose was taken. LSD does not cause physical dependence, but regular use could lead to a psychological dependency. It is also possible that this regular use may enable the user to develop tolerance to the drug. There have been reports that the regular use of LSD may cause a breakage of chromosomes in the body thereby causing birth defects in children. At present this has not been proven scientifically.

Mescaline is another hallucinogenic drug which is obtained from the peyote cactus plant. Even though physical dependence is unlikely to occur, the user may develop a psychological dependency. It is doubtful that there are many regular users of mescaline simply because it is not readily available. Rarely is mescaline confiscated even though many users think they are using this drug. It is very easy to take LSD or some other combination of psychoactive substances and color them to look like mescaline. Since this drug causes essentially the same sensations as other hallucinogens, the user may not know the difference. Many people who like to use mind-altering drugs have become afraid of the possible damaging effects of LSD. They then turn to what they think is a safe drug and mescaline emerges as a likely substitute.

Psilocybin is a drug which is derived from the Psilocybe mushroom. The reactions to this drug along with the physical and psychological effects are very similar to LSD and mescaline. Psilocybin also resembles mescaline in the sense that it is not easily accessible on the streets.

STP, which stands for "serenity", "tranquility" and "peace", is another illegal psychedelic drug. The chemical name for this compound is dimethoxy-methamphetamine, also known as DOM. The drug is a powerful agent, second to LSD. Again, the effects are very similar to the aforementioned hallucinogens.

DMT, dimethyltryptamine, is another in the growing list of hallucinogenic drugs of abuse. It may be found in the seeds of certain types of plants in South America and other areas, but it is also produced synthetically in illegal or underground laboratories. It too may produce a psychological dependency but not a physical dependency.

Another drug which is becoming more prominent as a substance of abuse is phencyclidine or PCP. Veterinarians may possibly use the drug as an animal tranquilizer. When converted to street use, the drug becomes a member of the hallucinogenic scene. PCP seems to produce aggression and it renders the user stuporous oftentimes. It is considered highly dangerous.

Even though THC or tetrahydrocannabinol is normally associated with marijuana, it warrants at least mentioning with the hallucinogens. There are reports of THC being synthesized and used as a preparation within itself. It should be pointed out that this process is very difficult and not easily accomplished in clandestine laboratories. This makes THC very scarce in the drug sub-culture.

There are other chemicals which could be listed as hallucinogens and the number will doubtless become larger. At best the majority of these substances are potentially dangerous offering very few, if any, values.

Marijuana

The cannabis plant, more commonly called marijuana, has been known since prehistoric times. At one time, it was the second leading agricultural crop in the South, grown for its value as hemp to make rope. The cannabis plant will grow in almost any place that any other plant can be grown. It can grow as tall as thirty feet, sometimes growing as much as two feet per week. The leaves may be from two inches to over a foot wide and the branches from two inches to twelve feet long. The number of leaflets in the palmate compound leaves ranges from one to fifteen and can be smooth or serrated.

The potency of the plant is dependent on the parent plant and not on the geographical location where the plant is grown. The female and male plants have similar potencies, their drug content in decreasing order as follows: bracts (the leaf-like structure surrounding the female flower), leaves, small stems and large stems. The seeds have no drug value and can be used as bird feed.

The active ingredient in marijuana that is thought to cause the "high" is dalta 9 tetrahydrocannabinol, usually known as THC. This was first identified in 1964 and synthesized in 1966. This chemical is unique to the cannabis plant, Cannabis sativa. (Cannabis indica, Cannabis americana and Cannabis mexicana, refer to where the plant is grown; India, America and Mexico respectively.) Recent research has shown that marijuana contains chemicals similar to those found in tobacco which convert to carcinogens when smoked. It can cause lung cancer and there is also evidence that it may cause emphysema.

The marijuana smoker differs from the cigarette smoker in that he holds the smoke in his lungs for a much longer time and he smokes the "joint" down to a much shorter butt. This short butt is called a "roach" and a clip made from an alligator clamp or any other device used to hold the roach is called a "roach clip". Holding the smoke in the lungs for a longer period of time and smoking the butt down to a very short stub where most of the tars have accumulated, is one of the major reasons cancer and emphysema are beginning to show with marijuana use.

Marijuana can be smoked or eaten. The effects of marijuana when smoked are considerably greater than when eaten because the components of marijuana may in part be destroyed in the digestive tract by intestinal bacteria. The loose marijuana, obtained by the "lid" (about one ounce) or by the "matchbox," is rolled with cigarette paper (sales of cigarette paper have more than doubled in the last five years), then lit and inhaled. The THC is absorbed by the lining of the respiratory tract and enters the bloodstream where it travels to all parts of the body. The body reacts to this foreign substance by producing an enzyme to counteract this drug. This is known as enzyme induction. Here, one of the unique aspects of marijuana emerges. There is evidence that the product formed when the enzyme counteract the THC causes the high. Due to this property of enzyme induction, a condition of reverse tolerance develops where the user needs less marijuana to achieve a high after regular use than when he first smoked because the body produces the enzyme more rapidly to destroy the THC. Therefore, more enzyme is available after long use to convert the THC to the product which causes the high. Physical addiction to THC is not evident.

The high that results depends on the potency-the amount of THC present in the marijuana. The potency among samples tested has been found to vary over two thousand times. The potency of the plant is dependent on the potency of the parent plant, the stage of maturity and the parts of the plant present, not on the climate in which the plant is grown. (A highly potent plant was grown in a prison closet under an incandescent lamp.) Acapulco gold, marijuana grown near Acapulco, is about one to one and one-half percent THC whereas good "street grass" is about .04 percent THC. The most potent parts of the plant are shredded (manicured) and rolled into a joint, then smoked.

As every person is chemically and physically unique, so is his reaction to smoking marijuana. When smoked, marijuana rapidly enters the bloodstream. At this point, one of two types of trips can occur-good or bad. Since there is no typical pot user, there can be no definition of a typical pot trip although there are factors that affect the trip achieved by a user. They are (1) the emotional attitude of the user (2) the environment in which the drug is used (3) the dosage of the drug and (4) the personality of the user. As for the inexperienced smoker, he probably will experience nothing from the first use of the drug or will imagine symptoms he believes he should feel. This fake high, a high that is achieved without drugs, is called the placebo effect and is very real to the user. Some people have been known to get high by smoking banana peels even though there is no intoxicating agent present.

For the experienced user, the effect of the drug begins a few minutes after a "joint" is smoked and the resulting trip can be pleasurable or depressing. Most trips are pleasurable and therefore the use of the drug is perpetuated. A good trip generally follows a set pattern. At first, the user develops an inner euphoria where he finds himself dreaming in a state of elation. Following his achieved "high" his environmental stimuli increases. In this state, he can get deep into music where he hears imperceptive sounds and acquires a new appreciation of music. Time slows down, a minute seems like hours.

The sense of touch is highly magnified and he feels things in a new and exciting way. His emotions are amplified and objects take on new meanings and dimensions. Thoughts may become crystal clear, but linger for only a moment and are forgotten. Often the beginning of a sentence is forgotten before the end is reached. Coming down from the trip generally is slow and occurs over a period of three to five hours, although this varies among individuals. Unlike alcohol, some users are able to come down from a high voluntarily when conditions are normal for him; but when he is in an unfamiliar environment or a stress situation, he is sometimes unable to make rational decisions.

A "bummer" is a trip that occurs when the user does not achieve the expected results. Instea of achieving the euphoria desired, the opposite occurs. The user becomes depressed and experiences self-pity. (Hallucinations sometimes occur when the marijuana is exceptionally potent or it has been laced with some hallucinogenic drug such as LSD.) The amotivational syndrome, where the regular user loses interest in everything worthwhile and drops out of society, is a major concern and seems to be common to many chronic users. In this condition the user loses interest in his grades, his dress, his friends and becomes totally involved in continuing his marijuana use.

Hashish is the dried resinous exudate of the cannabis plant. It is usually seen as a hard, brown lump (the darker the exudate the more potent the hash). The hash may be smoked or eaten. When smoked, a water pipe (hookah) is used in order to cool the smoke. The effects of hash are more violent when eaten since the smoker can regulate the amount of intoxication by spacing his intake but the eater must await the action of the digestive system.

The effects of small dosages of hashish are agreeable inhibitions, a sense of well being and stimulation of the mind. In stronger doses, feelings of oppression and discomfort followed by hilariousness and noisy delirium are often seen in persons with cheerful dispositions, but delirium of extreme forms occur in persons of violent dispositions. In large dosages, wild excitement, mental confusion, acts of violence and a characteristic crazy laugh may result. This is followed by a stupor and great fatigue on awakening accompanied with depression which lasts for several days.

The resin of the cannabis plant contains the highest concentration of tetrahydrocannabinol and is the most powerful form of cannabis in use. Tolerance to hashish develops only slightly and physiological dependence does not occur. Withdrawal symptoms occur to a slight degree when the chronic user abruptly stops using the drug and are much less severe than withdrawal from opiates or barbiturates.

## Stimulants

Stimulants, substances which excite the nervous system, were frequently used by early man for religious and cultural reasons. With the advent of modern pharmaceutical methods the number of stimulants has proliferated as have our reasons for using them. Some common stimulants are cocaine, amphetamines, dextroamphetamines, and methamphetamines. The most widely used stimulant in this country is caffeine which is found in coffee, tea, cola, etc. However, these beverages are socially acceptable and are not abused.

One of the most powerful stimulants abused is cocaine. It is a derivative of the coca plant found in certain South American countries. Cocaine is an odorless, white powder producing a bitter sensation when tasted. It is a short-term, local anesthetic and must be injected intravenously or sniffed every five to fifteen minutes to maintain the effect. Physical dependence and tolerance do not occur, and although a lethal dose is possible, it is uncommon. Chronic use may result in loss of appetite, malnutrition, paranoia and hallucinations. As the effects of cocaine wane, there is a period of depression. For the most part, cocaine's therapeutic use declined sharply after the discovery of Novocain in 1905.

Amphetamines stimulate areas of the nervous system that control blood pressure, heart, respiratory and metabolic rates. All of these are increased. Once taken into the body, these drugs resemble epinephrine and norepinephrine which are natural body hormones. Since amphetamines are so similar to these hormones, they can act on the body in two ways: (1) by imitating the natural hormones and their effects on nerve endings and/or (2) causing an increase in the release of natural hormones. All of the body senses overact and are kept in a state of tension for a lingering period of time. Amphetamines are usually taken orally in pill form; however, abusers have been known to "shoot up." Pills can also be ground into powder and sniffed.

The stimulating effect that amphetamines have on the body is one of the main reasons for its use in medicine today. Amphetamines also have been used widely in the treatment of hyperactivity in children. This, at first, appears to be paradoxical, but although the specific mode of action is not fully understood, amphetamines have had a significant degree of success in exercising a balancing effect on hyperactive subjects. One of the side effects which is characteristic of amphetamine use is a loss of appetite. It has proved useful only in short-term weight loss programs since tolerance to the appetite depressant soon develops. Finally, amphetamines have been successful in the treatment of narcolepsy, a rare affliction in which the subject is unable to stay awake for more than a short period of time.

Methamphetamine (speed) has many of the same effects of cocaine and is just as dangerous when abused. It is especially dangerous when taken intravenously since this intensifies its effects. Speed has a more pronounced influence on the central nervous system than amphetamines and has fewer effects on the surrounding nerve area. Once a tolerance has built up, death from overdose is uncommon.

Stimulants are not thought to be physically addicting, although tolerance often occurs. Upon the abrupt cessation of their use, certain regular symptoms are common - overeating, severe depression and fatigue. The duration of these symptoms is about one week. Fatal overdose from stimulants is rare; the majority of deaths associated with abuse of these are caused by related factors - hepatitis, violence, etc.

Tobacco

Despite the fact that the Surgeon General has determined that cigarette smoking is dangerous to your health, the American public continues to smoke at an increasing rate. The discovery that smoking is a hazard to health is the result of over thirty years of research and is supported by every medical and health agency in the world. Besides cigarette smoking being the major cause of lung cancer, it is also linked with heart disease, circulatory impairment, chronic bronchitis and pulmonary emphysema. "Too few smokers realize the degree and extent of health damage associated with cigarette smoking. 'Early morning hacking' and 'smoker's coughs' are so common that millions of Americans consider these 'normal', rather than signals that warn of damage to the body. Each day in the United States, 250 people die from heart attacks, 100 from lung cancer and 150 from other cigarette-related diseases."

Although tobacco contains more than a hundred compounds, nicotine, a poisonous liquid, is its principal agent and produces the drug effect that makes smoking habit-forming. If 50 milligrams of nicotine were injected into a vein, the results could be fatal to a human being. But a person could not reasonably smoke enough cigarettes at one time to die of nicotine poisoning. The nicotine content of tobacco varies according to the season and variety of plant and usually accounts for two percent of the tobacco. Actually though, only a very small amount of that even reaches the body. The nicotine found in cigarette smoke paralyzes the action of the cilia that line the bronchial tubes and eventually causes them to disappear altogether. This is really disasterous since the wave-like motion of the cilia propels the mucus that traps foreign materials toward the throat where it can be removed. The smoker's cough is a result of this action.

In addition to nicotine, tobacco smoke also contains carbon monoxide gas and carcinogens, cancer-causing materials. Although the amount of carcinogenic chemicals found in tobacco is small, they cause constant irritation and over a period of time can change normal cells into cancerous cells. As the smoke travels through the trachea to the bronchial tubes and into the lungs, carcinogenic particles are deposited along the way. The accumulation is especially abundant on the lining of the bronchial tubes. This is where most cases of human lung cancer originate. If you inhale the smoke of a pack of cigarettes a day, you will inhale eight quarts of cancer-producing tar in ten years. Interestingly enough, the risk of lung cancer increases with the duration of smoking and number of cigarettes smoked per day but is diminished by discontinuing smoking.

Tobacco smoking affects the body in many other ways. The beginning smoker may feel dizzy and nauseated because nicotine affects the vomiting center in the brain (medulla) and the labyrinth which helps maintain body equilibrium. Tolerance to this later develops. Smoking, by causing constriction of the blood vessels of the skin, causes a decreased blood flow to the skin. It also places an extra strain on the heart by increasing blood pressure and heart rate. Many pregnant women do not realize that when they smoke, their babies smoke with them; the nicotine undoubtedly passes from the placenta of the mother into the unborn child.

Pipe and cigar smoking is not as hazardous to health as cigarette smoking and the overall death rate is about equal to those of a nonsmoker if the smoke is not inhaled. But for those who smoke heavily or inhale, the health hazards are even greater than those of cigarette smokers. The risk of developing lip cancer and cancer of the mouth and esophagus is especially great among pipe and cigar smokers.

Research is underway to help the smoker quit, cut down on smoking or at least make it safer. There are non-tobacco products on the market that are made from vegetable leaves that do not contain nicotine but do produce tars. Some cigarettes have a lower tar and nicotine yield and the filter tip found on many brands helps eliminate the tar. The smoker would help himself if he would not smoke the cigarette all the way down because the tar and nicotine become trapped near the end. If he could give up cigarettes completely, he would feel better, breathe easier and live longer.

## Volatile Substances

The abuse of volatile substances poses a serious threat to our society because the practice is so widespread among young people between the ages of eight and eighteen. For these youngsters who desire a "high", inhalants such as glue, gasoline, lighter fluid, paint thinner, nail polish remover, cleaning fluid, spray paint, and spray deodorants are inexpensive and readily available. The popular way to use an inhalant is to pour it on a handkerchief or into a plastic or paper bag which may be placed over the nose or mouth.

Tolerance to solvents rapidly develops and the chronic user may find that he quickly needs much more to achieve a high. Since these substances are relatively cheap compared to other drugs of abuse, a big habit is easy for the youth to maintain. As the abuser's tolerance grows, so does his psychological dependence.

The mood-modifying drugs found in glue and other inhalants are highly volatile at low temperatures which means they easily pass from a liquid to a vapor state. Once vaporized, the drug passes from the lungs to the bloodstream where it travels quickly to the brain and nervous system. The most common of these drugs is toluene although there are many others - naphtha, benzene, carbon tetrachloride. The effects of these drugs appear almost immediately and usually last anywhere from thirty to forty-five minutes. The user's behavior at this time closely resembles the early states of alcohol intoxication - excitement, euphoria, cheerfulness. But as more of the solvent is inhaled the user may experience dizziness, slurred speech, staggering and disorientation which may lead to the sniffer finally passing out. Although it is rare, sudden cases of death have been attributed to the prolonged inhalation of fumes and suffocation. Usually the effects of the drug are short-lived and often the abuser does not remember what he did or said while intoxicated. Hallucinations can occur and violent reactions while under the drug's influence have been observed.

A chronic sniffer may exhibit several characteristics - bad breath, frequent coughing, lack of energy, weight loss, spitting due to the excess salivary secretions (a result of the solvent vapors' irritation of the mucous membranes of the nose and mouth), insomnia and nausea. The long-term usage of volatile substances can cause liver and kidney damage, possible brain damage, swelling and irritation of the mucous membrane and chemical pneumonia. Also, people who have inherited a blood disease such as sickle-cell disease frequently develop severe forms of anemia.

Manufacturers of these volatile substances are attempting to prevent abuse of their chemicals by the addition of certain irritating substances such as synthetic oil of mustard or pepper. Possibly some non-intoxicating solvents will be used to replace some volatile substances; however, not much can be done to alleviate the use of glue, gasoline, kerosene and other related volatile substances.

## Aspirin

Aspirin (acetylsalicylic acid) belongs to the group of drugs, known as salicylates. It is a popular self-medication for the relief of headache, minor pains, and reduction of fever.

### Bufferin - a comparison with plain aspirin.

The essential ingredient of Bufferin is aspirin. Most of the published studies indicate there is little difference in the incidence of stomach upsets after ingestion of Bufferin or plain aspirin. There is no evidence to indicate that the speed of onset of its action in relieving pain is significantly increased over plain aspirin.

### Side Effects

Although aspirin does not frequently cause side effects. The following have been reported:

1. Gastro-intestinal irritation: Symptoms are indigestion, nausea, and bleeding.

2. Allergic reactions are: Skin rashes, asthmatic attacks, loss of consciousness.

3. Salicylism--a condition produced by ingestion of large doses of aspirin or other salicylates. Symptoms are ringing in the ears, headache, dizziness, and mental confusion.

4. Frequent doses of aspirin if too-long-continued can cause kidney damage.

5. Infant and children deaths have occurred from acute poisoning.

### Warnings

1. Do not give aspirin indiscriminately, especially to infants and children.

2. Keep all aspirin medications out of the reach of children.

3. Patients with a history of allergy to salicylates should avoid taking aspirin.

4. Individuals who are allergic or who have a history of stomach ulcer should avoid aspirin as much as possible.

5. Bleeding, including vomiting of blood, following ingestion of aspirin requires immediate medical attention.

6. Ingestion of large doses of aspirin by children requires immediate medical attention.

### Accidental Poisoning in Children

Aspirin continues to be the medicine most frequently involved in accidental childhood poisoning. A federal regulation requires special safety closures (child-proof caps) for aspirin containers.

(Taken from FDA Consumer Memo (FDA) 72-3002)

## III. A PRIMER ON ALCOHOLISM*

Just as there are reasons for drinking or not drinking, there are those persons who can neither abstain nor keep it in perspective. These unfortunate individuals are in danger of becoming alcoholics.

By one definition, an alcoholic is a person who repeatedly drinks to a state of drunkenness and thereby spreads exasperating and devastating effects to at least four other people. That means the estimated six-and-one half million alcoholics in the United States directly affect some 26 million others. They are not an easily defined group since as they represent all walks of life, both sexes, most racial and cultural groups and all economic levels.

Some clarification of terms is in order here. "Acute brain syndrome due to alcohol" is the medical term for a state of intoxication at any given time, but it is essential to understand that an acutely intoxicated person is not necessarily an alcoholic. The "chronic alcoholic" is the person who repeatedly reaches a state of drunkenness and whose drinking impinges greatly on his total life functioning over an extended period of time.

### How Do You Spot An Alcoholic?

Evidence pointing to chronoc alcoholism often is indirect. It is usually a mixture of some first-hand experience with the person augmented by hearsay and/or some factual information. In many cases the indication are obscured by his associates who shield the alcoholic in a well-meaning attempt to cover up for him, or distorted by reports about him which may be angry and inaccurate, although equally well intentioned.

It may be a matter of record that the person is in trouble with his employer because of absenteeism or other repeated undesirable behavior. The drinker's financial difficulties may be an early indication, such difficulties being brought on by the cost of his habit (the liquor itself) and the time he spends drinking or recovering from drinking instead of in productive work. The familiar pattern may include a period of cover-up during which serious debts accumulate to precipitate financial crisis. Another clue to alcoholism may be the necessity for the spouse to make repeated excuses to explain absences from work or failure to meet social obligations.

The presence of an alcoholic in the family can cause absolute disruption of the daily life of that family. Even a very young child can sense that something is wrong when one parent is becoming, or has become, an alcoholic. Any child past six or seven is likely to become aware of a connection between a parent's strange or unreasonable behavior and the fact that he frequently drinks something poured from a bottle.

If a drinking experience is followed by a return to the usual family, social and business activities, with no apparent impairment of emotional or physical health, it can be called social drinking, not alcoholism. Social drinking can encompass a wide range in quantity consumed but it is characterized by controlled intake. Its obvious goal is conviviality, relaxation and taste satisfaction. It may be light, medium or heavy, but it has different characteristics that does alcoholism.

Quite obviously no one is born an alcoholic and alcoholism is almost unknown in this country in early childhood or before the early teens. Therefore, it is logical to conclude that most alcoholics come from the ranks of social drinkers, since most persons at least flirt with social drinking. Unfortunately, no one can (yet) put a finger on the social drinkers who are certain prospects for alcoholism, although present knowledge is such that a specialist might come close.

Students of the subject have developed many definitions of alcoholism in addition to those already implied and each has certain merits as well as weaknesses. A useful one which is widely quoted is that of the Subcommittee on Alcoholism of the World Health Organization. WHO experts from different countries and cultures, recognizing that alcoholism may mean different things to different cultures, stated it as follows:

"Alcoholism is a chronic behavioral disorder manifested by repeated drinking of alcoholic beverages in excess of the dietary and social uses of the community and to an extent that it interferes with the drinker's health or his social or economic functioning."

As a point of departure for discussion or study this is a good enough definition, but it is weak in that it does not present causes, the nature of the condition or any prognosis.

Professionals (doctors, nurses, phychiatrists, social workers, etal.) who deal therapeutically with alcoholics are thoroughly familiar with the consequences of drinking. They know that the behavior of alcoholics is usually at sharp variance with normal socially accepted conduct. They know that no matter how well a person follows the rules when sober, he is likely, when drinking, to be irresponsible, to show disregard of his own well-being and to disregard the best interests of those around him. They see him as needing some sort of intervention to alter the pattern of his behavior.

But the alcoholic may well see himself in an entirely different light. Drunk or sober he may not see himself, or his drinking, as the least bit troublesome. The majority of alcoholics do not seem to think they need help even though their drinking may disrupt their organized living. Some may give lip service to the recognition that something is wrong but put off doing anything about it. So it's a question of getting the individual most intimately involved, the alcoholic himself, to define how much drinking is "in excess" and to recognize the extent to which it interferes with his health and life.

Treatment of an alcoholic is further complicated by the difficulty, sometimes the impossibility, of identifying an alcoholic simply by meeting him or seeing him intoxicated. One must know a great deal about the frequency and extent of his drinking. One must appreciate the degree to which it affects his life and the points at which he cannot limit or control his drinking.

Seldom are any two alcoholics identical. The lives and life histories of alcoholics differ enormously. Even the ways in which they manifest their alcoholism are different. Their patterns of drinking may differ. Their choices of beverages differ, as do the frequency of their drinking and the amounts consumed. Some drink every day; others are weekend drinkers; some drink only periodically, going on binges at regular or irregular intervals. Some drink small amounts every day, almost without let-up. There are also great variations in the places where they drink.

But there are a few common denominators. For instance, many alcoholics go to ingenious extremes to hide bottles of liquor in order to assure themselves a constant supply. And if his ingenuity fails and his supply is confiscated, the confirmed alconolic may substitute almost any preparation containing alcohol. After-shave lotion, cooking vanilla, mouthwash and other substances which contain alcohol can be used as intoxicating substitutes. But the substitute may contain something toxic to the body (most commonly, methyl alcohol) and the result may be tragic illness, blindness or death.

Because of variations in behavior, only on rare occasions can anyone tell accurately how much liquor an alcoholic consumes. The victim himself either will not reveal this figure or simply doesn't know. For this reason great variations in consumption are observed and reported. But it seems that the minimum is likely to be a fifth (of a gallon) of whiskey a day, since that (or its equivalent in beer or wine) will keep alcohol in the bloodstream of an average man for 24 hours.

Just as the alcoholic may be clever in hiding his liquor supply, he may be clever enough to distort the truth about his drinking. Frequently, an alcoholic can be most adept at deluding others, convincing them that he drinks not at all or only in moderation. He may be able to explain his way out of extremely serious personal and professional situations by minimizing difficulties, blaming others for his misfortunes, etc. He may completely fool many associates and exasperate others. In the conduct of his daily affairs he may not seem significantly different from non-alcoholics. Only those extremely close to him, or acutely sensitive to him, may know the truth.

Alcoholism - An Illness

In the United States at this point in history, alcoholism is generally considered an illness and as such is the concern of the health professions. An alcoholic is a legitimate patient for a doctor (perhaps a psychiatrist), psychologist, social worker or anyone else concerned with the problem. This view is in sharp contrast to the older conception of the chronic alcoholic as a moral degenerate or a criminal, deserving only ostracism or punishment.

Science has tried valiantly to provide alcoholics with an excuse, to prove that alcoholism results from some deranged bodily process. But efforts to show that the condition stems from altered metabolism or body chemistry have not shown consistent results. Alcohol in the body of the alcoholic seems to fare no differently than in the body of the non-alcoholic. As has been pointed out in this guide, it is absorbed, chemically broken down and oxidized in the same way and at the same rate. Research has not even established that the alcoholic has a greater tolerance for what he drinks.

Nor has it been proven that alcoholism might be hereditary (except insofar as a youngster's observing an alcoholic parent might lead that youngster down the same path). It has been hypothesized that alcoholism is an allergy, an endocrine disfunction or a defect in the utilization of food. But none of these has been confirmed. This does not exclude the possibility of some underlying physical or biological cause, but at this point in time none has been conclusively demonstrated.

Some medical practitioners, particularly psychiatrists, have tried to understand alcoholism as a mental or emotional illness. They try to see it more

as a phobia or anxiety neurosis than as a physical illness like diabetes or pneumonia. They see it more as a disturbance of the mind, reflected in altered behavior and feelings, than as a process in the body tissue involving changes in cell structure or body chemistry.

The psychiatric interview is familiar to most of us either from experience, observation, or perhaps from motion pictures or television. A psychiatrist interviewing an alcoholic will try to win his confidence so that he can learn about the childhood and early development of the patient about his family and its influence, about his adult life and the circumstances associated with his drinking to the point of alcoholism. Psychiatric interviews indicate that almost every alcoholic has had significant disturbance in some aspect of his mental or emotional life.

In general, such interviews reveal three critical time relationships in which the drinker's difficulties began:

1. The influences which determined the alcoholic's future may have occurred early in life, possibly in his first year or so. They may have centered around some catastrophe such as the death of a parent or a divorce and its traumatic influence on the impressionable child. The actual event is not as important, really, as the effect it may have had on him.

2. For some alcoholics early life situations seem less important. But at some later point they might have been confronted with some situation with which they could not cope. They might have responded to that situation with drinking which progressed to the point of alcoholism.

3. Still other alcoholics found the satisfaction they needed to cope adequately, though marginally, with the vexations of life for many years without turning to alcohol. At some point in their lives, however, their responses became inadequate to the task of living. They could no longer meet the situations that confronted them. They could no longer manage feelings of anger, their disturbing sexual fantasies, their feelings of envy, disappointment, disillusionment, etc. Unable to tolerate the frustration and tension connected with all this, they found in alcohol the only relief from mental pain.

The soothing effect of alcohol, unfortunately, is only temporary and as the frustrations or mental anguish return, alcoholics apply the only remedy they know - more alcohol. Different people experience this advent of pain and frustration in different ways, so their drinking patterns are not likely to be constant or predictable.

Can the Alcoholic Stop Drinking?

There is no final and absolute answer as to whether the alcoholic drinks voluntarily or whether he has no choice. Because some alcoholics ultimately do choose to stop drinking, either temporarily or permanently, it can be argued that the choice is available to everyone but that not everyone exercises it.

This question of choice is complicated, psychologically and physiologically, by the interaction of both conscious and unconscious mental processes. The

alcoholic, just as others who experience emotional trouble, cannot recognize the source of his difficulty because it is in the unconscious and not easily susceptible to recall and understanding. One purpose of the psychiatric interview is to help the patient recognize and deal with such unconscious mental processes and reactions.

Difficult as it may be to ferret out problems rooted in the unconscious being, it is not impossible. As a result, unconscious responses can be brought to consciousness and behavior can be modified. Nothing is inevitable about the results of childhood experiences.

For example, there is a greater tendency for the child whose parents have been alcoholics to drift into alcoholism himself. As indicated, heredity is not involved but there is an unusual psychological transmission of behavior patterns from one generation to the next. The child imitates his parents and meets life situations in much the same manner as his parents. But if the child becomes an alcoholic because of his parents, there is a possibility that he can isolate the cause and overcome it.

The Stages Of Alcoholism

The complexity of various types and stages of alcoholism complicate any form of treatment. We have established that, as the concentration of alcohol in the blood increases, behavior is affected, and the greater the concentration the more pronounced the effect.

But there is a condition known as pathological intoxication in which a marked behavior change occurs after a relatively small amount of alcohol has been taken in. In such cases, it's a simple matter of a greater than usual reaction to the alcohol ingested.

Then there is what is called alcoholic amnesia, more familiarly known as the blackout. In such instances, the drinker may suffer lapses of memory concerning what he has done while drinking. This is more likely to occur when drinking has been heavy and frequent.

At some time in the course of heavy drinking the alcoholic will usually undergo personality changes, most often manifested when normally peaceful men become violent, abusive and aggressive.

In any of these conditions the intoxicated alcoholic is likely to exercise poor judgment which can lead to accidents. A disproportionate number of alcoholics are injured or killed in fires, the familiar pattern being that they fall asleep while smoking in bed. Nor is it uncommon for alcoholics to lapse into unconsciousness when outdoors in severe cold and suffer frostbite or worse.

Another possible consequence of prolonged drinking is convulsions which sometimes occur during the course of drinking, but are more usual when the alcoholic is tapering off in his drinking. The alcoholic calls these "rum fits".

All of these complications represent just a smattering of the serious consequences associated with chronic alcoholism.

If excessive drinking continues over a period of years, the alcoholic may experience additional complications which are reversible and which subside as

treatment is started or as abstinence prevails. But the longer the drinking goes on the more regularly they tend to recur. For example, the alcoholic may suffer a severe shakiness and tremors in his extremities when his blood alcohol level drops while he is asleep or as he tries to discontinue drinking. A more severe form of this complication is "alcoholic hallucinosis". In this state the alcoholic experiences vivid, frightening hallucinations even when he is awake. The most severe form of this complication is "delirium tremens", the familiar DT's. A serious condition, unless treated vigorously and effectively, it can lead to high fever, exhaustion and even death.

After some years of grossly excessive drinking, probably more than five or ten, certain new changes in behavior occur which may not disappear entirely even when the alcoholic is sober. These changes precede irreversible organic damage to the body due to a combination of repeated excesses with alcohol and associated nutritional deficiencies.

The nervous system is vulnerable to organic deterioration. Years of high alcoholic intake and the associated malnutrition can take their toll on the brain. The alcoholic may begin to show signs of impaired mental functioning even when he is not drinking. Early indications of this critical situation may include lapses of memory, poor judgment which hitherto did not exist, deterioration in personal hygiene and a tendency toward more concrete and stereotyped thinking. A combination of these symptoms can make it impossible for the drinker to live outside of an institution. He has developed a condition known as chronic brain syndrome.

The excesses of drinking ultimately can result in the cirrhosis of the liver referred to earlier. The liver simply cannot withstand the constant demands on it. It may become hardened, scarred, and incapable of meeting the needs of the body. This condition, known medically as Laennec's Cirrhosis, is painful and severe and can be fatal.

The stomach also may rebel. It can be damaged permanently after being inflamed too often by a steady intake of alcohol.

Treatment And Rehabilitation

At the present time there is no specific remedy for alcoholism. There is a bewildering variety of opinions regarding the most effective treatment. Practically speaking, the alcoholic tends to seek out that treatment to which he can best respond once his problem has been diagnosed.

One patient may feel comfortable with his family doctor and a drug such as Antabuse. Another may find the support he needs in the fellowship of Alcoholics Anonymous. Still another needs the understanding and guidance of a psychiatrist. The effectiveness of any treatment depends on the interaction between the therapist and the patient.

The medical treatment of alcoholism may begin with the management of acute intoxication. Most such cases do not require the services of a doctor. Ordinarily it's enough if the person stops drinking and gets adequate rest and nutritious food.

When the alcoholic is severely intoxicated and exhibiting behavior dangerous to himself and alarming to others, he may need the protective environment of a

hospital. There he can receive sedation, the replacement of lost fluids or other depleted bodily requirements, and the friendly non-condemning acceptance of hospital personnel. With such treatment he may return to controlled behavior in a relatively short period of time.

When the victim's physical condition has gone past mere drunkenness, when such severe complications as alcoholic hallucinosis or cirrhosis of the liver have set in, then he needs the help of a doctor. The doctor's help may go beyond strict medical services if he pays attention to the patient's emotional needs.

Psychiatric care may be indicated. It involves the total understanding of the patient by the psychiatrist so that the alcoholic may be able to find acceptable ways to meet the routine and the crises of everyday living. Despite the best efforts of even extremely competent therapists however, the patient may continue to turn to alcohol before he is willing or able to apply the new understanding he develops from his counseling sessions.

To date, neither psychoanalysis nor psychology has been particularly successful in treating alcoholics. They can contribute to the vital understanding of the emotional condition of the patient, but that's about all. An almost unlimited opportunity remains for development of psychological methods to aid in both the prevention and treatment of alcoholism.

Drug Therapy

Physicians (both general practitioners and psychiatrists) often use prescription drugs to aid in the treatment of alcoholics, most frequently using the tranquilizers. These were introduced as recently as the 1950's to quiet and calm patients and help relieve anxieties. Their purpose is to act on the brain and afford relief without impairing judgment, alertness and capacity to think.

Tranquilizers have largely replaced the sedatives which were once relied on heavily. Sedatives relieve tension and nervousness but they also impair judgment, attentiveness and capacity to reason as dosage is increased. They are still used to some extent, however, and may even be used carefully in combination with tranquilizers.

The hypnotic drugs, too, are used frequently to help the alcoholic sleep when he stops drinking. But these and any other drugs must be employed with great care. All medical personnel working with the alcoholic must realize the risk involved in shifting from alcohol to any of these drugs. Just as he has overused alcohol, so may he shift to an excessive intake of drugs. And the result can be even more dangerous than overindulgence in alcohol.

Another drug, the Antabuse (or Disulfiram) already referred to, is useful in a different and admittedly unpleasant way. It chemically blocks the body's complete breakdown of alcohol and leaves it in a toxic form. So when a person who has taken Antabuse drinks alcohol he becomes violently ill due to the accumulation of the toxic by-product. This is explained to the patient so that he knows, and relies on, the fact that as long as he takes Antabuse he cannot drink without becoming ill.

There are many prescription medicines which help treat the depression that many alcoholics feel after they stop drinking.

Alcoholics Anonymous

Alcoholics Anonymous (A.A.) is an organization formed more than 30 years ago as a significant effort by alcoholics to help one another achieve and maintain sobriety. When an alcoholic, always of his own free will, indicates he needs help, he is assigned a sponsor who may voluntarily spend hours with him to keep him abstaining and to start him in the A.A. program.

Chapters of the organization meet regularly, usually at weekly intervals. Members speak on their interpretation of the fellowship's tradition or, more importantly, about their own past experiences with drinking and the circumstances which brought them to A.A. These talks give new members something with which to identify. They also serve to remind the speakers themselves of the active phase of their alcoholic illness and thus strengthen their own resolve.

Offshoots of A.A. are the organizations for spouses of alcoholics (called Al-Anon) and for their adolescent children (called Ala-Teens). These make it possible for those who must live with alcoholics to do so with greater understanding and compassion. All three organizations perform a very substantial service in helping to restore alcoholics to a normal life without liquor.

Alcoholics Anonymous is in the spiritual tradition. It encourages the alcoholic to acknowledge a power greater than himself as an aid in overcoming his problem. The practice of A.A. involves adherence to the traditions and steps developed by the organization's founders and other earlier alcoholics. In this sense it provides more of a religious experience than a scientific or therapeutic one.

Individual groups vary in their character and changes are occurring in their method of operation, changes particularly motivated by increasing numbers of younger members with shorter and less traumatic drinking histories.

Continuum of Care

Students of alcoholism recognize that many treatments are necessary to provide a full range of services for the alcoholic. This continuum of care enables those who provide it (physicians, social workers, psychologists, nurses, et al.) to help an alcoholic at any point in his illness. It begins with a facility for detoxification or, more familiarly, "sobering up".

Once he has sobered up, an alcoholic's condition will be more thoroughly diagnosed and he may be sent to an outpatient clinic or to another hospital for longer intensive care. This may be custodial care if he is suffering from a chronic brain syndrome and cannot care for himself. In most areas there are several levels of residential facilities available to him, depending on his situation.

Within the framework of that range of services, a case of alcoholism can be aided at any time and at any point in the illness. As science learns more about the disease and its treatment there is no reason to believe such comprehensive care cannot be improved. There is no reason why the problem of alcoholism cannot be brought closer to solution by advances in psychiatric and medical treatment and by more effective ways of preventing alcoholism in the first place.

Need: Facilities For All

Professional people in private practice and private institutions treat alcoholics and do a good job of it. But they simply do not come into contact with the huge numbers of alcoholics who cannot afford, or will not seek, help with their drinking problems. It is likely that the bulk of treatment, control and prevention of alcoholism in the future must be met by public funds or private endowment. There is a trend toward increased interest in this serious public health problem in both the governmental and private sectors.

The problem of alcoholism cannot be solved through treatment alone. More knowledge of the problem itself and more programs for the prevention of problem drinking are clear social needs at the present time.

A first major step toward that knowledge is simply to know what liquor is, what its role has been in history and what it can do for and to anyone who indulges in it.

Philosopher George Santayana warned that "those who cannot remember the past are condemned to repeat it". It is the purpose of this Guide to instruct the school age youngsters of Illinois about the past so they will not be condemned, by the shortsightedness of the older generation, to experience some of the ignorance, uncertainty, and, in extreme cases, the anguish of their elders.

## IV. A PRIMER ON MEDICINES

(From the FDA)

### FDA'S Role

FDA is the Federal agency responsible for reviewing all drugs for safety and effectiveness and for seeing that they are made correctly and labeled properly. To fulfill its responsibilities, FDA:

- approves all new drugs before they can be marketed
- decides whether a new drug should be sold OTC or only by prescription
- seeks to remove from sale any drug that is unsafe, ineffective, improperly made, or incorrectly labeled
- tests all batches of insulin, vaccines, and antibiotics before they are shipped to pharmacies
- inspects manufacturing plants for sanitary conditions and proper manufacturing practices.

### You Can Help

Sometimes after buying a medicine you notice that it seems off-color or stale. Don't use it. Return it to the pharmacy. If you believe a medicine has gone bad or is otherwise harmful, don't just toss it out--report it to FDA.

Call or write your nearest FDA field office or resident inspection station. You can find the address by looking in the phone book under U.S. Government; Department of Health, Education, and Welfare; Food and Drug Administration. If you wish, you can write directly to FDA headquarters at 5600 Fishers Lane, Rockville, Maryland 20852.

What to do:

1. Report your problem promptly, giving your name, address, and phone number.
2. State clearly what appears to be wrong.
3. List any information stated on the label and give any code numbers that appear on the container.
4. Give the name and address of the store where the article was bought and the date of purchase.
5. Save whatever remains of the product for possible examination by the FDA.
6. Hold any unopened container of the product bought at the same time.

### Choosing A Pharmacy

When you have to get a medicine immediately--for a child running a high fever, for example--you'll want to go to the nearest, quickest pharmacy.

When, however, you will be using the same prescription medicine for a long time, you may be able to save money by shopping comparatively--that is, checking various stores to find the lowest price.

Generally, pharmacists who give more services charge higher prices than those providing fewer services. Since prices do vary, it is to your advantage to take time to shop comparatively before you select the pharmacy where you will buy most of your medicine.

You may prefer to use one pharmacy almost all the time. In choosing a pharmacy, you should look for one which keeps a record of all the prescriptions filled for you and your family. (These records or personal drug histories help the pharmacist spot undesirable combinations of medicines that you and your doctor may not be aware of.)

Before leaving the pharmacy, look at the label on the prescription medicine you've received. The following information should be on it:

- the pharmacy's name, address, and phone number
- the prescription number
- the patient's name
- how often and when to take the drug
- how much to take each time
- special instructions (refrigerate, shake well, etc.)
- the doctor's name
- the date the prescription was filled
- the name of the drug (if the doctor says it should be put on the label).

If any of this information is not on the label or if you think any of it is wrong, ask the pharmacist. If you're still not sure, call your doctor. Write in the new date on refills; the pharmacist uses the date the prescription was first filled.

Two Types of Medicine

There are two basic types of medicines: over-the counter (OTC) drugs and prescription (Rx) drugs.

Prescription drugs (which bear the symbol Rx) can be ordered or prescribed only by a doctor and can be sold only by a registered pharmacist. Generally more powerful than OTC medicines, prescription drugs are also more likely to cause side effects.

How to Buy Prescription Medicines

When you see your doctor, tell him everthing he should know about you--such as allergies and unpleasant past experience with medicines. Don't expect to receive medicine every time you see your doctor; often he will not find it necessary to give you any. When he does give you a prescription, be sure you have the answers to these questions:

- What is the name of the drug? Write it down for your own records. You may need to refer to it later.
- When and how often should it be taken? If, for example, he tells you to take the drug three times a day, be sure to note whether it should be taken before or after meals. It could make a difference. Some drugs taken on an empty stomach may cause upset. Others should be taken only on an empty stomach.
- Can the least expensive form of the medicine be prescribed? Often the doctor can write the prescription by using the "generic" or official name of the medicine rather than a specific brand name. This may save you money at the pharmacy. He may, however, prefer to prescribe by brand name the drug which has worked best in his experience.
- Can the new medicine be taken along with others? If you're taking other medicines, let the doctor know.
- What reactions may I expect? In some people, medicines may cause drowsiness, nausea, vomiting, dizziness, nervousness, or other reactions.
- What precautions should I take? For example, if the expected reaction to a medicine is drowsiness, dizziness, or unsteadiness, you shouldn't drive or operate machinery.
- Can this prescription be refilled? If the medicine is to be taken frequently, ask if you can refill the prescription as needed. The doctor may want you to check with him by phone or come in before continuing the medication. He may allow refills, but only a specified number.
- Must I finish the bottle? Before you leave the doctor, be sure he has told you how long to take the medicine and whether to check with him within a certain time.

If, after leaving the doctor's office, you have more questions or have forgotten some of the answers, don't hesitate to call him.

Over-the-counter medicines (also known as home remedies and patent medicines) include such common remedies as aspirin, laxatives, and antacids. If used according to the directions on the label, they are relatively safe. You can buy OTC medicines without a prescription in any drugstore and in many supermarkets and other stores.

How to Buy OTC Medicines

Before you buy any OTC drug, ask yourself first whether you really need it. Have you been convinced by a TV commercial, a friendly neighbor, or an article in

a magazine or newspaper? For instance, if you feel tired, do you need stimulants or more sleep? Should you see your doctor?

If you do need an OTC medicine, you should read the labels and ask your pharmacist's advice.

Federal law requires that the following information be on all OTC drug labels:

- Name of the product, and the name and address of the manufacturer, packer, or distributor.
- The active ingredients. This information helps people with sensitivities or allergies avoid products which cause bad reactions. Many OTC medicines contain exactly the same ingredients and differ from each other only in brand name. By checking ingredients, you can avoid buying identical medicines, thereby saving money and guarding against taking an overdose.
- Directions for safe use.
- Cautions or warnings. These tell you what side effects might occur and which people should not take the drug at all. Sometimes they warn against driving or operating machinery after taking the drug. Labels may also warn you not to take the medicine for too long without consulting your doctor. A typical warning reads: "If symptoms persist more than 24 hours, see your doctor."

Pharmacists are well-trained professionals who can help their customers understand how to buy and use drugs.

Your pharmacist can answer your questions about the labels on drugs and may be able to help you select a lower-priced brand of drug than the one you would have chosen by yourself.

Don't be reluctant to ask for help. Remember that your health may be at stake.

To avoid some common pitfalls in buying OTC drugs, keep these thoughts in mind:

- Pills, gadgets, and wishful thinking seldom help you lose weight. Instead, eat fewer calories and exercise regularly. Your doctor can help you plan a program for losing weight.
- Most people don't need vitamin pills. A varied diet provides the vitamins and minerals most people need.
- If your doctor does recommend vitamins, take only the suggested amount--no more. Large doses of certain vitamins, taken often, can have a toxic effect.

Some Facts About Medicines

You shouldn't always reach for some medicine when you don't feel good. Sometimes ads or commercials for OTC medicines may persuade you to take medicines, although you'll do as well to let time and your body do the healing.

- Many Rx and OTC medicines relieve symptoms without actually curing illness. For example, cold remedies may make you feel more comfortable by reducing sniffles and sneezes, but the cold will last as long as it would with no medicine at all. If symptoms such as pain, fever, or headache persist, see a doctor.

·All medicines affect body functions. OTC medicines generally affect you less than Rx drugs because they are less powerful.

·A medicine that is safe and effective for most people may cause problems for others who have unpleasant or allergic reactions to certain medicines. For example, some persons get a skin rash if they take aspirin.

·Certain medicines cannot safely be taken together. Some Rx drugs for infections, for example, cannot be taken with certain OTC drugs for acid indigestion.

·Many medicines lose or increase their strength as time goes by. Therefore, the large economy size may not be economical if it stands unused for a long time. However, if the doctor prescribes a drug you must take regularly and you can save money by buying a large quantity, ask your doctor or pharmacist how long it will keep.

Using and Storing Medicines

Directions. Continue taking an Rx drug for the entire time ordered by your doctor, even if you're feeling better. You might prevent the drug from doing a complete job and find yourself sick again. With both Rx and OTC medicines, follow very carefully the directions about when and how much to take. Ask your pharmacist for help if you need it.

Side effects. Bear in mind that sometimes certain people react adversely to a particular medicine. If you find that an Rx drug causes a side effect--perhaps a rash, headache, nausea, or dizziness--talk to your doctor. Your pharmacist can help too. The drug may be discontinued, the dose changed, or another drug substituted.

Combining drugs. Consult your doctor or pharmacist before you take two drugs together. If you're taking any medicines at all, don't drink alcohol without first asking your doctor. It could be dangerous.

Storing medicines. Always read the labels on both OTC and Rx drugs for special storage instructions. Some medicines should not be kept in the bathroom medicine cabinet. If the label says, "Keep in a cool, dry place," the bathroom will be too warm and steamy. Some drugs must be stored in the refrigerator.

Clean out your medicine chest regularly. Throw out old medicines, particularly Rx drugs. If your doctor takes you off a medicine before it's used up, destroy what's left.

Pill boxes are only for temporary storage. Drugs carried in pill boxes for a long time may lost their strength or become too strong. Some pills, such as nitroglycerin, should never be carried in pill boxes. They should be kept in the pharmacy's container, which is especially designed to maintain their strength.

Labels. Be sure to keep the label on or in the container. You need it to identify the medicine and also to refer to the directions. When pouring liquid medicines, keep the label side on top so the liquid won't pour down the side and blot out the print.

Sharing drugs. An Rx drug is prescribed for you and you alone. Never let anyone else take it, even if his symptoms seem to be the same as yours. The other person might not have the same illness, could be allergic to the drug, or could have a bad reaction.

Look-alikes. Always read the label before you take a medicine--bottles and drugs often look the same. Never take medicines in the dark.

When you're traveling. If you need to take prescription medicines with you on a long trip, be sure you have enough. Carry them in the original, labeled containers. Pharmacists often do not fill prescriptions written by out-of-State doctors. In an emergency, you can contact a hospital. If you move to another city or State, take enough medicine to last until you find a new doctor. Arrange for your medical record to be forwarded to your new doctor.

Precautions for children. Medicines cause more accidental poisonings among children under 5 than any other chemicals. Therefore, the law requires that most OTC and Rx drugs, as well as many other potentially dangerous chemicals, be packaged so that only adults can open them.

Always buy safety packaging if you have children or if children visit your home. Be sure to close the bottles properly after each use. Store all medicines out of a child's reach; it is all too easy for a tot to climb from the toilet to the sink to the medicine chest. One sure way to keep poisonous products away from children is to have one locked cabinet for medicines and other potentially dangerous chemicals.

Be sure not to leave medicine out when you answer the telephone or the door. Put it away first or take it with you. It only takes a moment for a child to swallow an overdose.

When you give your children medicine, never refer to it as "candy" or something else they like. They may try to get more of it when they are alone.

Make sure you always give your children exactly the right amount of medicine. Some OTC drugs should never be given to children; others are especially designed for them. Read the labels carefully, and consult your pharmacist or doctor if you have questions.

(Excerpts from FDA Consumer, December 1975/January 1976.)

## Self-Medication

Self-medication is the act of treating oneself with non-prescription medications, known as over-the-counter (OTC) drugs, to obtain relief from minor medical problems (headaches, indigestion, constipation, mild aches and pains, skin irritations, etc.)

Occasionally, one may medicate oneself with a prescription drug borrowed from another individual, a procedure not recommended by the medical profession due to the danger of developing serious side effects. Self-medication has its limitations. Symptoms that persist require the attention of a physician for proper diagnosis and treatment. Prolonged self-medication can lead to serious consequences.

## Drug Action and the Body's Reaction

At the same time a drug is acting on some function or part of the body, the human body is doing something to the drug. Normally, the body will limit the drug's duration of action and effectiveness and then excrete it. This normal function, called "detoxification," requires the proper performance of organs such as the liver, kidney, or lungs.

If an individual cannot detoxify the drug--because his body is not reacting properly, because he has taken too much medication, or because of other complications--the drug's action may be much more prolonged and severe than desired. Some drugs act by interfering with normal body functions, which must be restored to normal after the drug is stopped. If the misuse of drugs disturbs the delicate balance of the body's chemistry, the restoration of normal functions may be impeded.

## Overuse of Drugs

OTC drugs are safe in the recommended dosage, but they may be extremely dangerous in large overdoses. For example, aspirin is seldom thought of as dangerous; we reach for it routinely to soothe headache and other pains. But there are many reports of poisonings of young children who swallow more aspirin than their little bodies can handle.

In adults, continued, excessive use of some pain-killing drugs has been found to cause severe and irreversible kidney damage. Some drugs for relief of stomach upsets can aggravate the condition by causing an imbalance in the body's secretion of enzymes while other indigestion remedies contain bromide which can accumulate to a toxic level in the blood, causing bromide poisoning. Over-medication of symptoms, such as continued use of laxatives to relieve constipation, may mask the underlying cause. Constipation may be a warning of a condition that requires prompt and professional medical or surgical attention.

## Combining Drugs

The combined effect of two or more drugs on the body can be very different from the action of each drug taken separately. Sometimes combining drugs can produce dangerous--even fatal--reactions. This is because each drug not only acts on the body, but may act upon and increase the effect of other drugs... a condition known as "potentiation."

For example, aspirin increases the "blood-thinning" effect of an anti-coagulant. For that reason, a patient with heart disease who has been taking an anti-coagulant under his doctor's supervision may risk the serious complication of hemorrhage if he uses aspirin whenever he gets a headache. Patients who regularly take a prescription medication should seek and follow the doctor's advice in using OTC drugs.

Alcohol is another substance that can increase the effect of a drug. Hypnotic drugs, such as sleeping pills and antihistamines, are examples of drugs that interact with alcohol, producing potentially harmful results. Again, patients should seek professional guidance before combining alcohol with either prescription or OTC drugs.

The Responsibility of the Individual

The hazards of self-medication result from carelessness, faulty self-diagnosis, and failure to heed the warnings and directions for use of the drug. The Food and Drug Administration enforces the law to protect you, but you can be your own best protection against harmful effects of self-medication. Follow these simple rules for your own safety:

Don't be casual about taking drugs.

Don't take drugs you don't need.

Don't overbuy and keep drugs for long periods of time.

Don't combine drugs carelessly.

Don't continue taking OTC drugs if symptoms persist.

Don't take prescription drugs not prescribed specifically for you.

Do read and follow directions for use.

Do be cautious when using a drug for the first time.

Do dispose of old prescription drugs and outdated OTC medications.

Do seek professional advice before combining drugs.

Do seek professional advice whem symptoms persist or return.

Do get medical check-ups regularly.

(Excerpts from "Self-Medication", DHEW Publication No.(FDA) 73-3025)

Labels On Medicines

Every year American consumers spend millions of dollars on medicines--some bought without prescriptions or "over the counter" (OTC drugs), and some prescribed by physicians.

All medicines have a potential for harm as well as good. So it is extremely important to read the labels on them carefully and thoroughly.

Labels on Over-The-Counter Medicines

Information on OTC drug labels includes:

Name or statement of identity of the product.
Net quantity of contents.
Active ingredients.
Name and place of business of the manufacturer, distributor, or packer.

Directions for safe use by the consumer.

This includes an indication of the symptom to be treated, plus dosage information, such as:

(1) Individual dose or unit dose
(2) How frequently it can be taken
(3) Total dose that should be taken in a day
(4) Limit on the length of treatment (or number of days it can be taken)

These directions should always be read with special care.

Warnings: Many OTC medicines should not be used by people with certain health problems, and the labels contain a warning. An example of such a warning is: "CAUTION: Should not be taken by persons with high blood pressure, heart disease, diabetes, or thyroid disease unless directed by a doctor."

Always read warnings carefully. A drug that is safe for others could be dangerous for you.

Side Effects: Labels on OTC medicines tell you about side effects, or unwanted reactions which may occur. For example, some medicines may make you drowsy, and the label will tell you not to drive or operate machinery when taking the drug.

"If symptoms persist..." OTC medicines are designed to help relieve symptoms. If your pair or other symptoms don't go away, don't continue to take OTC medicine. You may have an illness that should be treated professionally. Make an appointment to see your physician.

Labels on Prescription Medicines

Prescription drugs also have a label--written especially for you by your pharmacist as directed by your doctor. Instructions on the label tell you how much to take, and how often. If you feel you need to take more--or less-- call and ask your physician.

Unlike the labels on OTC drugs, the label on a prescription medicine does not usually tell you what it will do for you, side effects that may occur, special precautions you should take, and perhaps not even the name of the medicine. This information must come from the physician, and it is important that you understand his instructions and follow them as directed.

Every time you take medicine, read the label to be sure you are taking it correctly. Never take a medicine that was prescribed for someone else, and never let someone else take one that was prescribed for you.

Remember, prescription drugs are powerful and can be dangerous if not used properly.

Drug Labels and You

Labels are on medicines for a purpose. They tell you how to use medicines correctly. Labels on over-the-counter medicines are especially important because the label is your primary source of information for correct use.

The law requires that important information be given on labels, but the information is useless unless you read and use it. Make it a habit to read labels thoroughly and to follow directions exactly.

"Keep Out of the Reach of Children"

Many OTC drug labels include the admonition: "Keep out of the reach of children." Accidents with medicines, both OTC and prescription, account for a large number of child poisonings each year. This is why it is especially important to keep all medicines out of children's reach, in a locked cabinet or on a high shelf.

Under a law passed by Congress in 1970, FDA is now requiring that certain medicines be sold in containers with safety closures which are difficult for children to open. Adults should follow the directions on safety closures to learn how to use them. If you need help, ask your pharmacist.

## V. DRUG LAWS IN KENTUCKY

Following the pattern set in the National Comprehensive Drug Abuse Prevention and Control Act of 1970, Kentucky classified controlled substances into five Schedules and assigned regulations and penalties to correspond with the schedules. The first part of this section contains information about the classification of controlled substances, and the regulations and penalties concerning them. The second part contains a synopsis of Kentucky's laws concerning driving while intoxicated.

218A.010 Definitions

(1) "Marijuana" means all parts of the plant Cannabis sativa L., whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. It does not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt derivative, mixture, or preparation of the mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of the plant which is incapable of germination.

(2) "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(a) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate;

(b) Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in subsection (10)(a) of this section, but not including the isoquinoline alkaloids of opium;

(c) Opium poppy and poppy straw;

(d) Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions of coca leaves which do not contain cocaine or ecgonine.

(3) "Opiate" means any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability. It does not include, unless specifically designated as controlled under KRS 218A.030, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextromathorphan). It does include its racemic and levorotatory forms.

(4) "Opium poppy" means the plant of the species Papaver somniferum L., except its seeds.

(5) "Person" means individual, corporation, government or governmental subdivision or agency, business trust, estate trust, partnership or association, or any other legal entity.

(6) "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

(7) "Pharmacist" means a natural person licensed by this state to engage in the practice of the profession of pharmacy.

(8) "Practitioner" means a physician, dentist, podiatrist, veterinarian, scientific investigator, or other person licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state.

(9) "Production" includes the manufacture, planting, cultivation, growing, or harvesting of a controlled substance.

(10) "Sell" means to dispose of a controlled substance to another person for consideration or in furtherance of commercial distribution.

(11) "Traffic" means to manufacture, sell, transfer or process with intent to sell a controlled substance.

(12) "Transfer" means to dispose of a controlled substance to another person without consideration and not in furtherance of commercial distribution.

218A.030 Controlled substances, how scheduled

The controlled substances listed or to be listed in the schedules provided for in this chapter are included by whatever official, common, usual, chemical, or trade name designated.

218A.040 Criteria for classification under Schedule I

The department for human resources shall place a substance in Schedule I if it finds that the substance:

(1) Has high potential for abuse; and

(2) Has no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision.

218A.050 Schedule I controlled substances

Unless otherwise rescheduled by regulation of the department for human resources the controlled substances listed in this section are included in Schedule I:

(1) Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation: Acetylmethadol; Allylprodine; Alphacetylmethadol; Alphameprodine; Alphamethadol; Benzethidine; Betacetylmethadol; Betameprodine; Detamethadol; Betaprodine; Clonitazene; Dextromoramide; Dextrorphan; Diampromide; Diethylthiambutene; Dimenoxadol; Dimepheptanol; Dimethylthiambutene; Dioxaphetylebutyrate; Dipianone; Ethylmethylthiambutene; Etonitazene; Etoxeridine; Furethidine; Hydroxpethidine; Ketobemidone; Levomoramide; Levophenacylmorphan; Morpheridine; Noracymethadol; Norlevaophanol; Normethadone; Norpipanone; Phenadoxone; Phenampromide; Phenomorphan; Phenoperidine; Piritramide; Propheptazine; Properidine; Propiram; Racemoramide; Trimeperidine.

(2) Any of the following opium derivatives, their salts, isomers and salts of isomers, unless specifically excepted, whenever the existence of these salts, isomers and salts of isomers is possible within the specific chemical designation: Acetorphine; Acetyldihydrocodeine; Benzylmorphine; Codeine methylbromide; Codeine-N-Oxide; Cyprenorphine; Desomorphine; Dihydromorphine; Etorphine; Heroin; Hydromorphinol; Methyldesorphine; Methyldihydromorphine; Morphine methylbromide; Morphine methylsulfonate; Morphine-N-Oxide; Myrophine; Nicocodeine; Nicomorphine; Normorphine; Phoclodine; Thebacon.

(3) Any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, their salts, isomers and salts of isomers, unless specifically excepted, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation: 3, 4-methylenedioxy amphetamine; 5-methosy-3, 4 methylenedioxy amphetamine; 3, 4, 5-trimethoxy ampheatmine; Bufotenine; Diethyltryptamine; Dimethyltryptamine; 4-methyl-2, 5-dimethoxylamphetamine; Ibogaine; Lysergic acid diethylamide; Marihuana; Mescaline; Peyote; N-ethyl-3 piperidyl benzilate; N-methyl-3-piperidyl benzilate; Psilocybin; Psilocyn; Tetrahydrocannabinols; Hashish.

218A.060 Criteria for classification under Schedule II

The department for human resources shall place a substance in Schedule II if it finds that:

(1) The substance has high potential for abuse;

(2) The substance has currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions; and

(3) The abuse of the substance may lead to severe psychic or physical dependence.

218A.070 Schedule II controlled substances

Unless otherwise rescheduled by regulation of the department for human resources the controlled substances listed in this section are included in Schedule II:

(1) Any of the following substances, except those narcotic drugs listed in other schedules, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis;

(a) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate;

(b) Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in subsection (a), but not including the isoquinoline alkaloids of opium;

(c) Opium poppy and poppy straw;

(d) Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically equivalent or

identical with any of these substances, but not including decocainized cocoa leaves or extractions which do not contain cocaine or ecgonine.

(2) Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation: Alphaprodine; Anileridine; Bezitramide; Dihydrocodeine; Diphenoxylate; Fentanyl; Isomethadone; Levomethorphan; Levorphanol; Metazocaine; Methadone; Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4 diphenyl butane; Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenly-propane-carboxylic acid; Pethidine; Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine-4-carboxylate; Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid; Phenazocine; Piminodine; Racemathorphan; Racemorphan.

(3) Any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a stimulant effect on the central nervous system:

(a) Amphetamine, its salts, optical isomers, and salts of its optical isomers;

(b) Any substance which contains any quantity of methamphetamine, including its salts, isomers, and salts of isomers;

(c) Phenmetrazine and its salts;

(d) Methylphenidate.

218A.080 Criteria for classification under Schedule III

The department for human resources shall place a substance in Schedule III if it finds that:

(1) The substance has a potential for abuse less than the substances listed in Schedules I and II;

(2) The substance has currently accepted medical use in treatment in the United States; and

(3) Abuse of the substance may lead to moderate or low physical dependence or high psychological dependence.

218A.090 Schedule III controlled substances

Unless otherwise rescheduled by regulation of the department for human resources the controlled substances listed in this section are included in Schedule III:

(1) Unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a depressant effect on the central nervous system: Any substance which contains any quantity of a derivative of barbituric acid, or any salt of a derivative of barbituric acid; Chlorhexadol; Glutethimide; Lysergic acid; Lysergic acid amide; Methyprylon; Phencyclidine; Sulfondiethylmethane; Sulfonethylmethane; Sulfonmethane.

(2) Nalorphine.

(3) Pentazocine (parenteral or injectable form only).

(4) Any material, compound, mixture, or preparation containing

limited quantities of any of the following narcotic drugs, or any salts thereof:

(a) Not more than 1.8 grams of codeine, or any of its salts, per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(b) Not more than 1.8 grams of codeine, or any of its salts, per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts;

(c) Not more than 300 milligrams of dihydrocodeinone, or any of its salts, per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(d) Not more than 300 milligrams of dihydrocodeinone, or any of its salts, per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(e) Not more than 1.8 grams of dihydrocodeine, or any of its salts, per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(f) Not more than 300 milligrams of ethylmorphine, or any of its salts per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more ingredients in recognized therapeutic amounts;

(g) Not more than 500 milligrams of opium per 100 milliliters or 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(h) Not more than 50 milligrams of morphine, or any of its salts, per 100 milliliters or per 100 grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(i) The department for human resources may except by regulation any compound, mixture, or preparation containing any stimulant or depressant substances listed in subsection (1) from the application of all or any part of this chapter if the compound, mixture, or preparation contains one or more active medicinal ingredients not having a stimulant or depressant effect on the central nervous system, and if the admixtures are included therein in combinations, quantity, proportion, or concentration that vitiate the potential for abuse of the substances which have a stimulant or depressant effect on the central nervous system.

218A.100 Criteria for classification under Schedule IV

The department for human resources shall place a substance in Schedule IV if it finds that:

(1) The substance has a low potential for abuse relative to substances in Schedule III;

(2) The substance has currently accepted medical use in treatment in the United States; and

(3) Abuse of the substance may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III.

218A.110 Schedule IV controlled substances

Unless otherwise reschedule by regulation of the department for human resources the controlled substances listed in this section are included in Schedule IV:

(1) Any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a depressant effect on the central nervous system: Chloral betaine; Chloral hydrate; Ethchlorvynol; Ethinamate; Meprobamate; Paraldehyde; Petrichloral.

(2) The department for human resources may except by regulation any compound, mixture, or preparation containing any depressant substance listed in subsection (1) from the application of all or any part of this chapter if the compound, mixture, or preparation contains one or more active medicinal ingredients not having a depressant effect on the central nervous system, and if the admixtures are included therein in combinations, quantity, proportion, or concentration that vitiate the potential for abuse of the substances which have a depressant effect on the central nervous system.

218A.120 Criteria for classification under Schedule V

The department for human resources shall place a substance in Schedule V if it finds that:

(1) The substance has low potential for abuse relative to the controlled substances listed in Schedule IV;

(2) The substance has currently accepted medical use in treatment in the United States; and

(3) The substance has limited physical dependence or psychological dependence liability relative to the controlled substances listed in Schedule IV.

218A.130 Schedule V controlled substances

Unless otherwise rescheduled by regulation of the cepartment for human resources the controlled substances listed in this section are included in Schedule V:

Any compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, which also contain one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation, valuable medicinal qualities other than those possessed by the narcotic drug alone: not more than 200 milligrams of codeine, or any of its salts, per 100 milliliters or per 100 grams.

218A.140 Prohibited acts relating to controlled substances

(1) No person shall traffic in any controlled substance except as authorized in this chapter.

(2) No person shall possess any controlled substance except as authorized in this chapter.

(3) No person shall dispense, prescribe, or administer any controlled substance except as authorized in this cahpter.

(4) (a) No person shall obtain or attempt to obtain a controlled substance, or procure or attempt to procure the administration of a controlled substanced by fraud, deceit, misrepresentation, or subterfuge, or by the forgery or alteration of a prescription, or by the concealment of a material fact, or by the use of a false name or the giving of a false address.

(b) No person shall willfully make a false statement regarding any prescription, order, report, or record required by this cahpter.

(c) No person shall, for the purpose of obtaining controlled substance, falsely assume the title of or represent himself to be a manufacturer, wholesaler, distributor, repacker, pharmacist, practitioner or other authorized person.

(d) No person shall make or utter any false or forged prescription.

(e) No person shall affix any false or forged label to a package or receptacle containing any controlled substance.

(5) No person shall advertise through any media other than a professional or trade publication any controlled substance by either its "trade name" or by its generic or formulary name.

218A.170 Distribution of controlled substances by licensed manufacturer or wholesaler

(1) A duly licensed manufacturer or wholesaler may sell and distribute controlled substances, other than samples, to any of the

following persons:

(a) To a manufacturer, wholesaler, or pharmacy;

(b) To a practitioner;

(c) To the administrator in charge of a hospital, but only for use by or in that hospital;

(d) To a person in charge of a laboratory, but only for use in that laboratory for scientific and medical research purposes;

(e) To person registered pursuant to the federal controlled substances laws.

(2) All sales and distributions shall be in accordance with the federal controlled substances laws, including the requirements governing the use of order forms.

(3) Possession of or control of controlled substances obtained as authorized by this section shall be lawful if in the regular course of business, occupation, profession, employment, or duty of the possessor.

218A.180 Distribution by practioner or pharmacist; prescription requirements

(1) Except when dispensed directly by a practioner to an ultimate user, no controlled substance in Schedule II may be dispensed without the written prescription of a practitioner. No controlled substance in Schedule II shall be refilled. All prescriptions for controlled substances classified in Schedule II shall be maintained in a separate prescription file.

(2) Except when dispensed directly by a practitioner to an ultimate user, a controlled substanced included in Schedules III, IV, and V, which is a prescription drug, shall not be dispensed without a written or oral prescription by a practitioner. All oral prescriptions shall be dated and signed by the pharmacist. A pharmacist refilling any prescription shall record on the prescription the date, the quantity and his initials. The prescription shall not be filled or refilled more than 6 months after the date thereof or be refilled more than 5 times, unless renewed by the practitioner and a new prescription, written or oral shall be required.

(3) All written prescriptions for controlled substances shall be dated as of and signed by the practitioner on the date when issued and shall bear the full name and address of the patient and the name, address and registration number of the practitioner. All prescriptions for controlled substances shall be retained for a period of two years.

(4) The pharmacist filling a written or oral prescription for a controlled substance shall affix to the package a label showing the date of filling, the pharmacy name and address, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner and directions for use and cautionary statements, if any, contained in such prescription or required by law.

218A.190 Exempt codeine preparations

(1) Nonprescription medicinal preparations that contain in 100 milliliters, or as a solid or semi-solid preparation, in 100 grams, not more than 200 milligrams of codeine or its salts may be sold over-the-counter subject to the following conditions:

(a) That the medicinal preparation shall contain in addition to the codeine in it, some drug or drugs conferring upon it medicinal qualities other than those possessed by the codeine alone;

(b) That such preparation shall be dispensed or sold in good faith as a medicine, and not for the purpose of evading the provisions of this chapter;

(c) That such preparation shall only be sold at retail without a prescription to a person at least eighteen years of age and only by a pharmacist. An employee may complete the actual cash or credit transaction or deliver;

(d) That such preparations shall not be displayed in areas of the pharmacy open to the public; and

(e) That no person shall purchase and no pharmacist or practitioner shall sell to the same person within a forty-eight hour period more than 120 milliliters of an exempt codeine preparation. Any person purchasing in excess of this limitation shall be deemed to be in illegal possession.

(2) All wholesalers, manufacturers, and repackers shall keep a separate exempt codeine registry showing the following:

(a) Date;

(b) Registration number of recipient;

(c) Name of recipient;

(d) Address;

(e) Name of preparation; and

(f) Quantity.

(3) All pharmacists and practitioners shall keep a separate exempt codeine registry showing the following:

(a) Date;

(b) Name of recipient;

(c) Address;

(d) Name of preparation;

(e) Quantity; and

(f) Pharmacist's or practitioner's name.

(4) Notwithstanding any other provision of this section, the department for human resources may by regulation specifically prohibit any such codeine preparation from being sold over-the-counter due to actual or potential abuse.

218A.200 Record-keeping requirements

(1) Every practitioner who is authorized to administer or professionally use controlled substances, shall keep a record of such substances received by him, and a record of all such substances administered, dispensed, or professionally used by him otherwise than by prescription.

(2) Manufacturers and wholesalers shall keep records of all controlled substances compounded, mixed, cultivated, grown, or by any other process produced or prepared, and of all controlled substances received and disposed of by them.

(3) Pharmacists shall keep records of all controlled substances received and disposed of by them.

(4) The record of controlled substances received shall in every case show the date of receipt, the name and address of the person from whom received, and the kind and quantity of drugs received. The record of all controlled substances sold, administered, dispensed, or otherwise disposed of, shall show the date of selling, administering, or dispensing, the name and address of the person to whom, or for whose use, or the owner and species of animal for which the drugs were sold, administered or dispensed, and the kind and quantity. Every such record shall be kept for a period of two years. The keeping of a record under the federal controlled substances laws, containing substantially the same information as is specified herein, shall constitute compliance with this section. A copy of the detailed list of controlled substances lost, destroyed, or stolen shall be forwarded to the department for human resources as soon as practical.

218A.210 Controlled substances may be possessed only in original container

A person to whom or for whose use any controlled substance has been prescribed, sold, or dispensed, by a practitioner or other person authorized under this chapter, may lawfully possess it only in the

container in which it was delivered to him by the person selling or dispensing the same.

218A.990 Penalties

(1) Any person who knowingly and unlawfully traffics in or transfers a controlled substance classified in Schedules I or II which is a narcotic drug shall, for the first offense, be confined in the penitentiary for not less than 5 years nor more than 10 years or be fined not less than $5,000 nor more than $10,000, or both, and for each subsequent offense shall be confined in the penitentiary for not less than 10 years nor more than 20 years or be fined not less than $10,000 nor more than $20,000, or both.

(2) Any person who knowingly and unlawfully traffics in a controlled substance classified in Schedules I or II other than a narcotic drug, except marihuana, or in any controlled substance classified in Schedule III shall, for the first offense, be confined in the penitentiary for not less than 1 year nor more than 5 years or be fined not

less than $3,000 nor more than $5,000, or both, and for each subsequent offense shall be confined in the penitentiary for not less than 5 nor more than 10 years or be fined not less than $5,000 nor more than $10,000, or both.

(3) Any person who knowingly and unlawfully traffics in any controlled substance classified in Schedules IV or V or transfers any controlled substance other than a narcotic drug except marihuana, classified in Schedules I, II, or III shall, for the first offense, be confined in the county jail for not more than 1 year or be fined not more than $500, or both, and for each subsequent offense shall be confined in the penitentiary for not less than one nor more than 5 years or be fined not less than $3,000 nor more than $5,000, or both.

(4) Any person who knowingly and unlawfully manufactures, sells, or possesses with intent to sell marihuana shall, for the first offense, be confined in the county jail for not more than 1 year or be fined not more than $500, or both, and for each subsequent offense shall be confined in the penitentiary for not less than 1 nor more than 5 years or be fined not less than $3,000 nor more than $5,000, or both.

(5) Any person who knowingly and unlawfully possesses a controlled substance classified in Schedules I or II which is a narcotic drug shall be, for the first offense, confined in the penitentiary for not less than 1 year nor more than 5 years or be fined not less than $3,000 nor more than $5,000, or both and for each subsequent offense shall be confined in the penitentiary for not less than 5 years nor more than 10 years or be fined not less than $5,000 nor more than $10,000, or both.

(6) Except as otherwise provided in this subsection, any person who knowingly and unlawfully possesses any controlled substance classified in Schedules I, II, or III which is not a narcotic drug, except marihuana, or of any controlled substance classified in Schedules IV, or V, shall be confined in the county jail for not more than 1 year or be fined not more than $500, or both.

(a) Any person found guilty of possession of any controlled substance pursuant to this subsection shall for a first offense, be ordered to a facility designated by the secretary for human resources where a program of treatment and rehabilitation not to exceed one year in duration shall be prescribed. The person ordered to the designated facility shall present himself for registration and initiation of a treatment program within five days of the date of sentencing. If, without good cause, the person fails to appear at the designated facility within the specified time, or if at any time during the program of treatment prescribed, the authorized clinical director of the facility finds that the person is unwilling to participate in his treatment and rehabilitation, the director shall notify the sentencing court. Upon receipt of notification, the court shall cause the person to be brought before it and may continue the order of treatment and rehabilitation, or may order confinement in the county jail for not more than one year or a fine of not more than $500, or both. Upon discharge of the person from the facility by the secretary for human resources or his designee prior to the expiration of the one-year period or upon satisfactory completion of one year of treatment, the person shall be deemed finally discharged from sentence. The secretary or his designee shall notify the sentencing court of the date or such discharge from the facility.

(b) The secretary for human resources or his designee shall inform each court of the identity and location of the facility to which such person is sentenced.

(c) Transportation to the facility shall be provided by the court when the court finds the person unable to convey himself to the facility within five days of sentencing by reason of physical infirmity or financial incapability.

(d) The sentencing court shall immediately notify the designated facility of the sentence and its effective date.

(e) The secretary for human resources, or his designee, may authorize transfer of the person from the initially designated facility to another facility for therapeutic purposes. The sentencing court shall be notified of termination of treatment by the terminating facility.

(f) Responsibility for payment for treatment services rendered to persons pursuant to this section shall be as under the statutes pertaining to payment of patients and others for services rendered by the department for human resources unless the person and the facility shall arrange otherwise.

(g) Any person found guilty of a subsequent offense of possession of controlled substances in violation of subsection (6) of this section shall be confined in the county jail for not more than 1 year or be fined not more than $500, or both.

(h) Prior to the imposition of sentence upon conviction of a second or subsequent offense, the court shall obtain a report of case progress and recommendations regarding further treatment from the facility at which the person was treated following his first conviction. If such material is not available, the court shall notify the secretary for human resources, and the secretary shall cause the person to be examined by a psychiatrist employed by the department to evaluate his mental condition and to make recommendations regarding treatment and rehabilitation. The psychiatrist making the examination shall submit a written report of his findings and recommendations regarding treatment and rehabilitation to the court which shall make the report available to the prosecuting attorney and the attorney for the defendant. The court shall take such reports into consideration in determining sentence. The secretary may decline to cause such examination to be made if the number of psychiatrists on duty in the department is insufficient to spare one from his regular duties or if no such service may be purchased at regular departmental rates, in such event the secretary shall notify the clerk of the court to that effect within three days after receipt of notification by the court.

(i) For purposes of this section, an offense is considered a second or subsequent offense, if, prior to his conviction of the offense, the offender has at any time been convicted under this chapter or under any statute of the United States or of any state relating to the substances classified as controlled substances.

(j) None of the provisions of this subsection shall be deemed to preclude the court from exercising its usual discretion with regard to ordering probation or conditional discharge.

(k) In the case of any person who has been convicted for the first time of possession of controlled substances, the court may set aside and void the conviction upon satisfactory completion of treatment, probation or other sentence, and issue to the person a certificate to that ef-

fect. A conviction voided under this subsection shall not be deemed a conviction for purposes of disqualifications or disabilities imposed by law upon conviction of a crime. Voiding of conviction under this subsection and dismissal may occur only once with respect to any person.

(7) Any person who knowingly and unlawfully possesses for his own use or transfers marihauna shall be confined in the county jail for not more than 90 days or be fined not more than $250.

(a) Any person found guilty of violating subsection (7) above may be ordered to a facility designated by the secretary for human resources where a program of education, treatment, and rehabilitation not to exceed ninety days in duration shall be prescribed. The person ordered to the designated facility shall present himself for registration and initiation of a treatment program within five days of the date of sentencing. If without good cause, the person fails to appear at the designated facility within the specified time, or if any time during the program of treatment prescribed, the authorized clinical director of the facility finds that the person is unwilling to participate in his treatment and rehabilitation, the director shall notify the sentencing court. Upon receipt of notification, the court shall cause the person to be brought before it and may continue the order of treatment and rehabilitation, or may order confinement in the county jail for not more than ninety days or a fine of not more than $250 or both. Upon discharge of the person from the facility by the secretary for human resources or his designee prior to the expiration of the ninety-day period or upon satisfactory completion of ninety days of treatment, the person shall be deemed finally discharged from sentence. The secretary or his designee shall notify the sentencing court of the date of such discharge from the facility.

(b) The secretary for human resources or his designee shall inform each court of the identity and location of the facility to which a person sentenced by that court under this chapter shall be initially ordered.

(c) In the case of a person ordered to a facility for treatment and rehabilitation pursuant to this chapter, transportation to the facility shall be provided by the court when the court finds the person unable to convey himself to the facility within five days of sentencing by reason of physical infirmity or financial incapability.

(d) The sentencing court shall immediately notify the designated facility of the sentence and its effective date.

(e) The secretary for human resources, or his designee, may authorize transfer of the person from the initially designated facility to another facility for therapeutic purposes. The sentencing court shall be notified of termination of treatment by the terminating facility.

(f) Responsibility for payment for treatment services rendered to persons pursuant to this section shall be as under the statutes pertaining to payment by patients and others for services rendered by the department for human resources unless the person and the facility shall arrange otherwise.

(g) None of the provisions of this chapter shall be deemed to preclude the court from exercising its usual discretion with regard to ordering probation or conditional discharge.

(h) In the case of any person who has been convicted of possession of controlled substances in the third degree, the court may set aside and void the conviction upon satisfactory completion of treatment, probation or other sentence, and issue to the person a certificate to that effect. A conviction voided under this subsection shall not be deemed a conviction for purposes of disqualifications or disabilities imposed by law upon conviction of a crime.

(8) Any person who violates any provision of subsection (3), (4), or (5) of KRS 218A.140 with respect to a controlled substance classified in Schedules I, II, or III shall be guilty of a felony and shall be punished by confinement in the penitentiary for not less than 1 year nor more than 5 years, or by a fine of not less than $3,000 nor more than $5,000, or both.

(9) Any person who violates any provision of subsection (3), (4), or (5) of KRS 218A.140 with respect to a controlled substance classified in Schedules IV or V shall be guilty of a felony and shall be punished by not less than 1 year nor more than 3 years imprisonment, or by a fine of not less than $1,000 nor more than $3,000, or both.

(10) Any person who violates subsection (6) of KRS 218A.140 or who violates any other provision of this chapter, for which a specific penalty is not otherwise provided, shall be guilty of a misdemeanor and shall upon conviction be imprisoned for not more than 90 days or fined not more than $500, or both.

KRS 186.565 IMPLIED CONSENT LAW

Any person arrested for acts alleged to have grown out of his driving or being in actual physical control of a motor vehicle while under the influence of intoxicating beverages anywhere in Kentucky, is deemed to have given his consent to a chemical test of his blood, breath, urine, or saliva to determine the alcohol content of his blood.

The arrested driver may refuse the chemical test and none will be given. But upon receipt of proper notification of such arrest and refusal, the Department of Public Safety shall revoke his operator's license or permit for a period of not more than six months.

PRESUMPTIONS OF LAW (KRS 189.520)

| % Blood-Alcohol | "Under the Influence?" |
|---|---|
| .00 to .05 | Presumed Not |
| .06 to .09 | No Presumption |
| .10 or more | Presumed "Yes" |

## VI. "THE ALCOHOL AND DRUG EDUCATION ACT OF 1974" AND GUIDELINES FOR IMPLEMENTATION

### HOUSE BILL 538

158.270 Repealed

HISTORY: 1974 House 538, Section 13, effective June 21, 1974, repealed 1942, c 50.

### Alcohol and Drug Education

#### 158.405 Administration; rules and regulations

The department of education shall administer KRS 158.405 to 158.430, pursuant to regulations adopted by the state board of education. In administering KRS 158.405 to 158.430, the department of education shall take into consideration the advice of the secretary for human resources or his designated representatives, the Kentucky commission on alcohol and drug problems, or its successor body, and the interagency council on alcohol, drugs, and occupational problems.

HISTORY: 1974 House 538, Section 2, effective June 21, 1974

#### 158.410 Instruction

(1) Instruction on the effects of the use of alcohol and drugs and the problems which may result in the periodic, habitual, and chronic use of alcohol and drugs shall be conducted in the elementary and secondary schools in the following manner:

(a) In grades one through six (6), in conjunction with courses given on health, science, or social studies; and

(b) In grades seven (7) through twelve (12), in conjunction with courses given on health or in any appropriate area of study.

(2) Such instruction shall be sequential in nature and suited to meet the needs of the students at their respective grade level.

HISTORY: 1974 House 538, Section 3, effective June 21, 1974

158.415 Development of program; curricula

The department of education shall develop a comprehensive state-wide program on alcohol and drug education by assuming the following functions:

(1) Assist in the development of model curricula for the public schools on drug education and the effects of the use of alcohol, restricted dangerous drugs, as defined in Chapter 218A of the Kentucky Revised Statutes, and other dangerous substances;

(2) Identify innovative teaching methods for the instruction of alcohol and drug education in the public schools;

(3) Develop methods of evaluating the effectiveness of instruction in alcohol and drug education;

(4) Assist school districts in conducting teacher in-service education programs on alcohol and drug education;

(5) Assist teacher education institutions in the development of courses on alcohol and drug education;

(6) Administer pilot projects on alcohol and drug education in the schools and conduct teacher in-service education; and

(7) Assist the bureau for health services, department for human resources, in the development of alcohol and drug education programs which will include parents, students, community health agencies, law enforcement agencies, and other community groups. This program shall emphasize the development of coordinated school-community programs relative to alcohol and drug education.

HISTORY: 1974 House 538, Section 4, effective June 21, 1974

158.420 Teacher's and administrator's training programs

The department of education shall develop and establish an alcohol and drug education training program for public school teachers and administrators to provide training at the local district level. Regional training programs for school districts, teams of teachers, administrators, and school students shall be made available by the department of education; community representatives may be invited, working through county alcohol-drug education committees.

HISTORY: 1974 House 538, Section 5, effective June 21, 1974

158.425 Policy of local school district

The governing board of each local school district shall adopt a policy regarding an alcohol and drug education program by resolution in accordance with guidelines approved by the state board of education and consistent with the provisions of KRS 158.405 to 158.430, specifying among other things, the curriculum to be utilized in teaching alcohol and drug education, provisions for inservice training and curriculum assistance to teachers, and responsibility of certified personnel in identification, counseling, and medical referral of pupils.

HISTORY: 1974 House 538, Section 6, effective June 21, 1974

158.430 Teacher's assistants permitted

Nother in KRS 158.405 to 158.430 shall be interpreted as prohibiting any local school district, superintendent, principal, teacher, or counselor from inviting qualified persons in the field of alcohol and drug education from outside the school system to assist the teacher in classroom programs or to present programs to all or any part of the student body.

HISTORY: 1974 House 538, Section 7, effective June 21, 1974

SAMPLE POLICY CONCERNING ALCOHOL AND DRUG EDUCATION

The _____ Board of Education directs the local district superintendent and the district staff to carry out the responsibilities of the local school district pursuant to the Kentucky Alcohol and Drug Education Act of 1974, and pursuant to any regulations which may be adopted by the State Board of Education relating to the local implementation of the Act. The superintendent and the staff are further directed to seek cooperative working relationships with other responsible community agencies with respect to Alcohol and Drug Education, and committed to handling alcohol and drug problems in such a way that it is in keeping with due process of law and in the best interest of the student and community.

SUGGESTED REGULATIONS AND GUIDELINES FOR IMPLEMENTING POLICY

A. ROLE OF SCHOOL PERSONNEL

The school personnel shall not only be responsible for alcohol and drug education, but should accept some responsibility for helping students to develop their own values. Based on information provided by the school, the student will then have the background necessary to make rational decisions concerning alcohol and drug use. Staff members should not feel as though they should handle any specific drug problem alone. Rather, they should seek advice of the entire school faculty and staff i.e., school nurse, guidance counselor, principal, etc., or any other appropriate person or agency which might be of service.

B. SPECIFIC RESPONSIBILITIES

1. Superintendent:

The superintendent should inform the school board of problems it may be having concerning alcohol and drug abuse. As executive officer of the board, the superintendent shall see that the laws relating to the schools, the bylaws, rules, regulations and policies of the district board of education are implemented. He shall prepare, under the direction of the board, all policies for approval and adoption by the board. In addition, the superintendent should provide inservice education opportunities for all teachers with respect to the detrimental effects of alcohol and drugs when used irresponsibly.

2. Principal:

The principal should be aware of the social problems that can arise from the irresponsible use of alcohol and drugs. He should also keep in perspective his responsibility to the superintendent of any gross violation of alcohol and drug abuse. The student's best interests, the best interests of his parents, and the welfare of the school must be of paramount importance.

3. Teacher/Guidance Counselor:

The teacher and guidance counselor must be aware of the social use of alcohol and drugs within our society be it for religious purposes, relaxation, nervous tension, insomnia, headache, or any other medical or self-imposed reason. They should be alert to any marked change in appearance, behavior, achievement or attitudes on the part of the student. If the teacher or guidance counselor suspects a student of being under the influence of alcohol or drugs, they should have a private conference with the student in order to determine whether their suspicion is well-founded. If they feel that the student might become a hazard to himself or other students, they should accompany the student to the principal's office were appropriate action will be taken.

C. STUDENT COUNSELING

1. The _____ Board of Education feels that the role of the school is educational but that the welfare of the student is of primary importance. Counselors and teachers who possess confidential information regarding alcohol and drug problems should understand that while they are not legally obligated to report their information to some authorities, they are encouraged to keep the principal informed about critical or potentially dangerous situations.

2. Students who have questions concerning alcohol and drugs should be encouraged to seek the help and counsel of school personnel. This should include principals and guidance counselors as well as the total faculty. The students should be encouraged to discuss problems with their parents, guardians or seek the aid of any appropriate community agency.

D. CONTENTS OF PUPIL PERSONNEL RECORDS

Due to the recently enacted education amendment cited as the "Family Educational Rights and Privacy Act of 1974," each Board now has specific guidelines it must follow in the recording of any and all information concerning its students' performance and behavior.

E . RIGHTS OF STUDENTS WITH RESPECT TO QUESTIONING BY COMMUNITY AUTHORITIES

1 . Each school, whenever possible, should endeavor to handle its alcohol and drug problems. However, in instances when law enforcement is necessary it is important that school administrators appoint one specific liaison in law enforcement to coordinate actions between police and the schools. This appointment of a single person might well lead to a closer link between both agencies than would otherwise exist.

An enlighted working relationship between school personnel and law enforcement officers can help to facilitate the handling of not only alcohol and drug cases, but also other problem areas of mutual concern.

2 . Anytime questioning of the student by law enforcement authority is in order, the parent or guardian of the student shall be called.

3 . When a student is being questioned about activities which might lead to police involvement, in order to protect the student's rights, he should be advised of the following:

1. That he has a right to remain silent;

2. That any statement he does make may be used as evidence against him;

3. That he has a right to the presence of an attorney.

4 . When drugs are being sold on school property, immediate action will be taken to cooperate with law officials in the apprehension of the individual or individuals responsible and in the confiscation of drugs. Care must be taken, however, that school personnel do not act in a disciplinary fashion when only suspicion of involvement is present.

5 . Concerning police interrogations of students at school when the matter at issue concerns activities unrelated to school time, school property or official school sponsored activities, the student's school activities should not be interrupted when such interrogation can be accomplished to the satisfaction of police and school officials during after school hours.

F . RIGHTS OF STUDENTS WITH REGARD TO SEARCH

For a student's locker, desk, or automobile to be searched by the principal and/or other persons designated by the school board, the following circumstances should prevail:

1 . The student should be present.

2 . Students have been informed when they enter school that desks, lockers, and automobiles may be inspected if facts exist which give the administration reasonable belief that articles and materials might be secreted there which would be injurious to other students.

3. Facts should exist which would give the administration belief that articles and materials might be present which could pose a threat to the maintenance of discipline and order in the school.

4. A witness be present. It is recommended that the administration search a student's belongings (pockets, purses, etc.) only in the most extraordinary circumstances and only for the most compelling reasons.

G. PROCEDURES REGARDING SUSPENSION AND EXPULSION

1. Any student found to be dispensing alcohol or dangerous drugs on the school ground or at any school related activity will be subject to suspension or expulsion and criminal sanctions imposed by the state. (KRS 158.150)*

2. Any student using alcohol or dangerous drugs, under the influence of, or in possession of said substance on school grounds or at school related activities, but not trafficking in these substances, may be subject to disciplinary action by the school in addition to criminal sanctions imposed by the state. (KRS 158.150)*

3. It is suggested that the following steps be taken when conducting a hearing concerning possible suspension, expulsion or other serious disciplinary sanctions:

a. Suspension

(1) The pupil shall be given notice of the charges against him.

(2) If the pupil denies the charges, he shall be given an explanation of the evidence against him and an opportunity to present his version.

(3) If the pupil is suspended, this action shall be reported in writing immediately to the superintendent.

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*158.150 (4363-9) Suspension or expulsion of pupils All pupils admitted to the common schools shall comply with the lawful regulations for the government of the schools. Willful disobedience or defiance of the authority of the teachers, habitual profanity or vulgarity, or other gross violation of propriety or law constitutes cause for suspension or expulsion from school. The superintendent, principal or head teacher of any school may suspend a pupil for such misconduct, but shall report such action in writing immediately to the superintendent. The board of education of any school district may expel any pupil for misconduct as defined in this section, but such action shall not be taken until the parent, guardian or other person having legal custody or control of the pupil has had an opportunity to have a hearing before the board. The decision of the board shall be final.

b . Expulsion

(1) The pupil shall be given notice of the charges against him.

(2) The pupil shall be advised of his right to counsel, confront and cross-examine his accusers, the privilege against self incrimination, and that he may appeal the decision of the board.

(3) The parent, guardian or custodian shall be given an opportunity for a hearing before the board.

H. PROCEDURES REGARDING RE-ADMISSION

1 . Re-admitting a student to school following a period of suspension will be based on steps taken to seek solutions to the problem which were the basis for the suspension.

2 . Some review system, such as a Board of Review consisting of appropriate personnel (i.e. principal, guidance counselor, school nurse, etc.), will meet with the student and his parents or guardian and any other professional persons who have worked with the student during his suspension to discuss possible re-admission. The Board of Review will submit findings to the Superintendent for disposal of the situation. Due process will be followed in all cases.

## VII. TREATMENT PROGRAMS IN KENTUCKY

It is recognized that persons who seek help in changing behavior related to substance abuse can benefit from various types of treatment. Treatment and rehabilitation are aspects of the same process toward recovery from dependency on alcohol and other drugs. The treatment and rehabilitation approach is comprehensive and promotes both public and private programs that provide an on-going 24-hour service network. Some persons who chronically misuse alcohol and other drugs may require medical attention, and these services are available. However, recognizing that only a small percentage of substance abusers require medical detoxification, the emphasis in Kentucky is on the use of social-setting, non-hospital based treatment programs whenever possible and appropriate.

Programs are provided statewide in both rural and urban centers, and seek to assure that services are available to all persons in need of them.

The continuous assessment of treatment methods will ensure a quality of care for the chronic as well as sporadic misuse of alcohol and other drugs. Individual treatment plans will assure that the treatment fits the client rather than the client fitting the treatment. Confidentiality will be provided for all persons who enter treatment programs, and equal treatment opportunities will be provided in the comprehensive care centers as well as state hospitals.

A broad range of counseling and treatment services are available throughout the Commonwealth of Kentucky.

Outpatient care is provided by fifteen comprehensive care centers (Mental Health Centers) located in every area of the state. Services provided include group and individual counseling, family services, emergency services, vocational rehabilitation, and educational programs with schools, civic groups, etc.

Detoxification and residential treatment programs are also available throughout the state. Fifteen SID units provide non-hospital sobering-up assistance to persons who are intoxicated from alcohol or other drugs. They provide care, support and referral services for a period of one to five days.

Residential programs provide longer-term care for persons who are already sober and desire further help. The client is generally accepted for 30 days, and services that are provided include individual and group counseling, educational films and lectures, and vocational rehabilitation.

Information concerning the availability of services in your area can be obtained by calling the local comprehensive care center. Below is a list of the centers.

Western Kentucky Comprehensive Care Center
1530 Lone Oak Road
Paducah, Kentucky 42001
Phone: (502) 442-7121

Pennyroyal Comprehensive Care Center
735 North Drive
Hopkinsville, Kentucky 42240
Phone: (502) 886-5163

Green River Comprehensive Care Center
311 West Second Street
Owensboro, Kentucky 42301
Phone: (502) 683-0278

Barren River Comprehensive Care Center
1032 College Street
Bowling Green, Kentucky 42101
Phone: (502) 843-4382

North Central Comprehensive
Care Center
907 North Dixie Avenue
Elizabethtown, Kentucky 42701
Phone: (502) 769-1304

Northern Kentucky Comprehensive
Care Center
430 Garrard Street
Covington, Kentucky 41011
Phone: (606) 491-1022

Cave Run Comprehensive
Care Center
325 East Main Street
Morehead, Kentucky 40351
Phone: (606) 784-4161

Mountain Comprehensive
Care Center
18 South Front Avenue
Prestonsburg, Kentucky 41653
Phone: (606) 886-8572

Cumberland River Comprehensive
Care Center
American Greeting Card Road
P. O. Box 564
Corbin, Kentucky 40701
Phone: (606) 528-7010

Bluegrass Comprehensive
Care Center
P. O. Box 11428
Lexington, Kentucky 40511
Phone: (606) 253-1686

River Region Comprehensive
Care Center
River City Mall, P. O. Box 388
Louisville, Kentucky 40201
Phone: (502) 584-2451

Comprehend Comprehensive
Care Center
16 East Third Street
Maysville, Kentucky 41056
Phone: (606) 564-4016

Lansdowne Comprehensive
Care Center
P. O. Box 790
Ashland, Kentucky 41101
Phone: (606) 324-1141

Upper Kentucky River Comprehensive
Care Center
P. O. Box 800
Hazard, Kentucky 41701
Phone: (606) 436-5761

Lake Cumberland Comprehensive
Care Center
129 South Main Street
Somerset, Kentucky 42501
Phone: (606) 678-4493

A complete directory of all the alcohol and drug services in Kentucky is available. It may be obtained free by contacting:

Alcohol Section
Bureau for Health Services
275 East Main Street
Frankfort, Kentucky 40601

Phone: (502) 564-7450

## VIII. SELECTED RESOURCES

Kentucky

1. Department for Human Resources
   Bureau for Health Services (Alcohol Section)
   275 East Main Street
   Frankfort, Kentucky 40601

2. Department for Human Resources
   Bureau for Health Services (Drug Section)
   275 East Main Street
   Frankfort, Kentucky 40601

3. Consultant, Office for Health and Drug Education
   Division of Program Development
   Kentucky Department of Education
   Frankfort, Kentucky 40601

4. Kentucky Alcoholism Council
   628 North Broadway, Suite 301
   Lexington, Kentucky 40508

5. Blue Grass Tuberculosis and Respiratory Disease Association
   P O Box 8254
   Lexington, Kentucky 40503

6. Regional Comprehensive Care Centers

7. Kentucky Educational Television
   600 Cooper Drive
   Lexington, Kentucky 40502

8. Consultant for Driver Education
   Division of Program Development
   Kentucky Department of Education
   Frankfort, Kentucky 40601

9. Consultant for Curriculum Development
   Division of Program Development
   Kentucky Department of Education
   Frankfort, Kentucky 40601

10. Consultant for Science
    Division of Program Development
    Kentucky Department of Education
    Frankfort, Kentucky 40601

11. Consultant for Social Studies
    Division of Program Development
    Kentucky Department of Education
    Frankfort, Kentucky 40601

12. Division of Guidance
    Kentucky Department of Education
    Frankfort, Kentucky 40601

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## I. STUDENT NEEDS IN DRUG EDUCATION

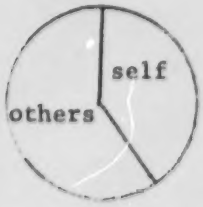
The student's general development is toward accepting increasing responsibility for his own behavior. He is constantly being introduced to new dimensions of interaction with himself and his social environment, and new concerns become important and assume dominance over older issues. Thus, new concerns are simply added on to partially resolved issues from earlier stages. Like all other areas of his world, the child's drug world grows and becomes more complex. He begins to assume more responsibility for administering medicine to himself; he begins to become aware of and ultimately to encounter opportunities for drug experimentation and recreational use. To develop patterns of responsible drug use and to avoid drug misuse, the student needs to know about the drugs he is likely to encounter in his world and to learn behaviors which will help him successfully handle the drug experiences he may meet.

### The Five- To Eight-Year-Old

The diagram to the left offers a visual description of the relative allocation of responsibility for personal behavior. The child at this stage is very strongly influenced by the adult world. The drug experiences he is likely to encounter will occur around the house, since his social horizons are narrow at this point. He needs to know about common medicines and how they are used and about the chemical world he may find under the kitchen sink. He needs to know when it is appropriate to accept "candy" or pills from someone other than parents and what to do in situations when it is not appropriate. He needs to know the difference between candy and sugarcoated vitamins or aspirin. A 7-year-old living in an urban slum may already know about heroin, but most children in suburbia or in rural areas have little opportunity to know about, much less acquire, illegal drugs.

The primary developmental task during this period is learning to deal with others socially and cooperatively. This is the beginning of independence from the family, and the result is learning to function without direct supervision. Concerns fall primarily into feelings about himself, his skills, and his ability to get along with others. The building block for this period is the student's beginning acceptance of himself as a person in his own right with unique talents and worthwhile skills. Both learner and teacher need to be able to say, "I like me," followed closely by "I like you."

### The Nine- To Eleven-Year-Old




Students in this developmental level are becoming aware of their growing responsibility for their own behavior and for the decisions governing their personal social drug use that they will be making in the near future. Many students may already be making such decision, but the majority are probably still only in the stage of awareness. Particularly toward the end of this period,

children may be administering their own nonprescription medicines such as aspirin or cough syrup. Some questions they may be dealing with include: Will I smoke when I grow up (enter high school)? What is alcohol like? Why can't I smoke and drink now? What does it mean when someone says that Mr. Jones is an alcoholic? My big brother smokes pot, so what am I to do?

Some of the major developmental tasks for students in this age range are learning to deal with intimacy, the sharing of self with others and the clarification of sex-role identification. Consequently, he needs such skills as understanding what matters to others, social assessment and dealing with disapproval and rejections, particularly by peers. He needs to learn how to handle situations when his friends or parents express anger toward him.

Other sources of information (peers, television, older siblings) begin to challenge parents as sole authority. The sources may not be consistent in the behavior they encourage. TV advertising encourages drug use; mother discourages it, but mother uses drugs. Who is right, and who is wrong, and how do I know? Taking sides may involve disapproval from the other side. If the child learns to live successfully with disapproval and rejections, he learns to articulate an emerging set of values because he has chosen from alternatives what is important to him and he is willing to have his selection recognized.

The Twelve- To Fourteen-Year-Old

A student at this level exists somewhere in the twilight zone between being a child and becoming an adult. He is simultaneously fighting for independence and running back to childhood away from the insecurity that independence brings. The need for peer group identification is very strong to fill in the space that growing independence from the family is creating. At the same time that he desires group membership, he resists being controlled by it. He verbally asserts his individuality while conforming to peer demands of dress and behavior. Specific concerns include: What do I do if I don't want to go along with the group? How can I say no and still be friends? Why shouldn't I go along with the group? Are some of my parent's fears about the trouble I could get into valid?

At a time when independence is the major issue, students are becoming increasingly aware of legal and social controls beyond the family. From the student's point of view, school policies seem unduly oppressive. Learning when and how to question and when to accept authority is a major task.

At this stage the student is learning to relate to the opposite sex. He needs to develop some very complex skills such as dating, verbal social skills, planning, and social judgment. A socially competent self-image is critical.

## The Fifteen- To Eighteen-Year-Old

At this stage the student is eager to accept adulthood, and for many situations society (if not the school) expects him to assume adult responsibilities. He can drive; he can leave school; he can vote; he can be drafted. An in many States he can marry without parental consent and purchase cigarettes and alcoholic beverages. During these years there is a sharp increase in the number of students beginning to experiment and use drugs socially. Alcohol is still by far the most popular drug, and marihuana perhaps is second. Although use of both drugs is illegal--always in the case of marihuana and usually for alcohol--society expects the 17- or 18-year-old to have had his first drink, but recoils at the thought of his having his first joint. Students at this stage are struggling with society's inconsistencies. The ideal world of justice, honesty, and democracy that they believed in as children no longer exists.

Most students begin to question many of the values they had taken for granted and consider changes they would like to see occur. Deciding how far they are willing to challenge what they define as unreasonable controls, and thereby risking severe personal consequences, is a major task. They become increasingly aware of the long-range consequences of the decisions they make. Planning occupational and vocational goals, achieving some sense of competency, recognizing personal limitations and learning to deal with failure are critical issues.

The descriptions of the four developmental levels are incomplete. They serve only to give a very general idea of a child's social development and some of the specific drug issues which may concern him at different points in his life. Too often it seems that schools do not recognize the increasing maturity of students. There may be little distinction between the freedom allowed a senior high student and that allowed a primary school student. Somehow, at graduation the 18-year-old "child" is expected miraculously to become a fully responsible adult who will assume his place in society or go on for more formal education where his ability to sink or swim depends on his own efforts and not on the ability of the teacher to nurse him through the system.

Student needs are listed below in a more general sense. The depth of recognition, knowledge, understanding, etc., will vary with each developmental level and will naturally increase as the student moves toward adulthood.

A student needs to:

- Recognize the drugs he is likely to encounter or use
- Understand the function of these drugs and possible consequences of misuse or abuse
- Recognize his own physical and mental strengths and weaknesses (Do I have allergic reactions to certain substances? How well do I handle stress?)

- Understand and respect the body's natural functioning and the positive and negative effects of ingested substances on its functioning

- Understand the basic biological and social determinants of human behavior

- Know where to go for additional information (people and material resources) appropriate to his level of understanding

- Learn how to evaluate different sources of information on drugs (advertising, for example) and deal with conflicting messages from the different sources

- Know where to go for help with a drug problem or a personal adjustment problem and how to use resources available

- Know school policy governing drug-using behavior and teacher confidentiality

- Know social policy (local, Federal laws) governing drug-using behavior

- Learn the role of authority in society; when to accept, when and how to question

- Develop tolerance for others' drug-using behavior (refrain from ridiculing or pressuring nondrinkers, for example)

- Develop empathy for people with drug abuse problems

- Learn how to cope with relatives and friends with drug abuse (In what ways can I live more successfully with an alcoholic parent?)

- Recognize his own value positions on drug issues (Do I favor legalization?)

- Under stand the behavioral consequences of those value positions

- Develop tolerance for others whose values are different

- Make decisions governing his own drug-using behavior

- Test the strength of those decisions in situations which encourage him to act against his decision

- Develop techniques for handling social situations which might be particularly stressful (Learning alternatives to drugs as a means of handling personal discomfort such as feelings of inferiority)

- Develop a sense of appropriate expression of personal autonomy (When do I have a right to assert my opinion and not be controlled by others?)

- Accept the legitimacy of his own decisions for his personal behavior.

(Excerpt from Doing Drug Education, DHEW Publication No. (ADM) 77-232, Reprinted, 1977.)

## II. VALUES AND ATTITUDES

Values and attitudes are perhaps the most important component of the competencies for the role of drug educator. They are listed because it is only within the philosophy they espouse that skill and knowledge descriptions become meaningful. Values and attitudes toward his students and toward his profession will influence the knowledge and skill area he considers important and therefore worthy of developing. The competencies that follow are separated into the values and attitudes considered virtually essential, and those about which the teacher should be aware and understand his own value position in relation to those of other people.

ESSENTIAL VALUES AND ATTITUDES

1. Conviction That the Teacher Should Serve More as a Facilitator of Learning Than an Imparter of Information

   This attitude will help enable the teacher to allow students an active role in classroom experience and to relate the drug education program to the real concerns of students.

The teacher is able to:

- Accept his role as a teacher of people rather than as a teacher of subjects
- Believe that students should play a part in designing their learning experiences
- Participate as a learner in the classroom experience
- Use feedback from students to modify his own teaching and personal interaction with students.

2. Acceptance of Own Limitations as a Drug Educator or Drug Counselor: Willingness to Seek Assistance When Needed

   The teacher can respect his own competence as an educator and at the same time recognize the value in educational experiences provided outside the classroom. At times the teacher may be asked questions he cannot answer or be called on to give help he is not trained to give. His ability to recognize situations where the student would benefit more by exposure to people with other kinds of competencies will enable him to handle such situations.

The teacher is able to:

- Recognize learning experiences in the community that would make a valuable contribution to the drug education program
- Invite community representatives into the classroom to expose students to a number of viewpoints on drug issues

- Admit that he does not know the answer to drug-related questions beyond his knowledge

- Refer drug-counseling problems beyond his competence to handle to appropriate resources.

3. Conviction of the Worth and Dignity of Students

The teacher will find it easier to establish rapport with his students if he is able to recognize them as individuals in their own right, due the same respect that he would show a fellow adult. Showing understanding and empathy for students does not imply that the teacher should give up his own opinions.

The teacher is able to:

- Involve students in planning and decisions regarding their welfare

- Recognize that students must accept increasing responsibility for personal decisions

- Recognize that his own personal alternatives to drug use (e.g., religion) might not be acceptable to the student

- Avoid labeling people with stereotyped or derogatory terms (e.g., "hippie," "junky," "punk")

- Listen to other points of view and accept them as legitimate for the people who hold them

- Appreciate something of value in every student

4. Attitude of Respect for and Understanding of "Different" Individuals and Lifestyles

The teacher may have students in his class who come from varying backgrounds. What might be considered normal drug use in one lifestyle might be considered deviant in another. For example, the teacher and class members who feel that social drinking is acceptable should not insist that others who have decided differently must follow their practice.

The teacher is able to:

- Respect the student's right to self-determination

- Believe in the right of students to maintain their differences which do not interfere with other members of the class

- Understand different lifestyles exhibited by students.

5. Attitude of Respect for and Trust in the Student's Family Regardless of the Teacher's Personal Preference for a Particular Family Lifestyle

Every teacher will have students whose parents exhibit behavior--including drug-using behavior--that the teacher does not condone.

His attitude toward the family need not prevent him from encouraging strengths that exist in the family relationships. The teacher can avoid creating or widening any gaps by not instilling in the student a belief that his family is "wrong," "inferior," "immoral," etc.

The teacher is able to:

- Realize that families will make different judgments about their drug use
- Avoid labeling families with judgmental terms such as "bad," "wrong"
- Realize that what he personally perceives as a "destructive" parent-child relationship may not necessarily be destructive to the parent and student
- Recognize that the student will probably continue to live with his family and will, therefore, benefit more from help in coping with stressful situations rather than from increased dissatisfaction.

6. Conviction That His Own Personal Decisions Regarding Drug Use and Personal Opinions on Drug Issues Are Legitimately Held

If the teacher is to serve as an effective role model, he should be able to express and justify his personal decisions regarding drug use and his opinions on controversial drug issues. By demonstrating his personal valuing and decisionmaking processes, the teacher avoids giving students the idea that it really does not matter what drug-use decision they make. The teacher can stand up for his beliefs and at the same time recognize the legitimacy of others' beliefs.

The teacher is able to:

- Recognize the importance of personal drug-use decisions for himself and students and the possible consequences of the decisions
- Recognize appropriate time and place to express personal decisions and opinions regarding drugs to students
- Convey personal attitudes toward drug use to students in a non-authoritarian, nonlecturing manner
- Accept reactions from students who may disagree with his position
- Demonstrate to students the rationale underlying his personal decisions
- Recognize that personal values and attitudes regarding drug issues will influence his classroom behavior; examine personal values and attitudes and be sensitive to their influences.

7. Attitude of Respect for the Integrity of the Human Body

The body's ecological system is altered by any assimilated drug. Under some circumstances, therapeutic drug use may be necessary to preserve the normal ecological balance. Social drug use, however, does not promote natural functioning. The degree to which it disrupts the ecology depends, of course, on the type of drug, amount and frequency of use. The teacher may decide to use drugs socially, and certainly some of the students will. If he signals to students an attitude of respect for the integrity of the body, he may--as a role model--discourage students from carrying their drug use to extremes of body pollution.

The teacher is able to:

- Recognize that assimilated substances after the natural functioning of the body

- Realize the importance of maintaining the balance of the body as an ecological system

- Realize that all drugs have both desirable and undesirable effects on the body which must be weighed in the decision to use drugs therapeutically or socially.

8. Conviction That Drug and Alcohol Issues Are Legitimate Issues to Be Covered in the Classroom

This conviction would seem essential to the role of drug educator. If the teacher believes, for example, that drug and alcohol use should be discussed only in the home, then he will not allow such topics to come up for discussion in his class. If he does not believe in the effectiveness of what he is doing, he is likely to give the role lipservice only.

The teacher is able to:

- Value drug education as an effective means of reducing the number of students who will have drug-related problems

- Express interest in the classroom in current issues and trends relating to drugs

- Express interest in the latest trends in drug-use patterns among students.

9. Conviction That Drug Education Should Encourage Alternatives to Drug Use Rather Than Attack Drugs

It may be difficult for the teacher to realize that drugs very often have positive results for the user. They may provide the user with a sense of identity and group acceptance and they may help reduce unpleasant moods and feelings and provide very pleasurable experiences. The positive gains may have more importance to the user

than any negative warnings of the dangers of drug use to physical and mental health. The challenge to the drug educator, therefore, is to help students discover alternatives which compete with drugs in offering these positive results.

The teacher is able to:

- Understand the discomfort associated with feelings of inferiority, rejection, anxiety, etc.

- Recognize the importance of activity and involvement in reducing such uncomfortable feelings

- Believe that activity in an area of interest can successfully compete with drugs in reducing uncomfortable feelings and in helping to provide positive results such as group acceptance.

DIFFERENT VALUE AND ATTITUDE ORIENTATIONS TEACHERS SHOULD UNDERSTAND

For the value and attitude issues listed below, there is no single belief considered most desirable for the teacher to have. However, it is important that the teacher knows where he stands on these issues and understands different value positions held by others and their reasons for holding them. This should help the teacher in his role as drug educator to relate to people who might have conflicting opinions on drug issues.

- Attitudes Toward the Legalization of Controversial Drugs Such As Marihuana, Heroin, LSD and Other Hallucinogens

- Attitudes Toward Drug Use and Drug Dependence

- Attitudes on the Morality of Drug Use

- Attitudes of Parents Concerning How Much They Want Their Children To Know About Drugs

- Attitudes Toward Loyalty to the School Versus Loyalty to the Student

(Excerpt from Doing Drug Education, DHEW, Publication No. (ADM) 77-232, Reprinted 1977.)

GUIDELINES FOR THE DEVELOPMENT OF A DRUG EDUCATION PROGRAM

Drug abuse has become one of the most serious social problems to confront Kentuckians. Numerous citizens have been affected either directly or indirectly from the irresponsible use of chemical substances which may be classified as drugs. It is impractical to assume that education alone has the solution to this problem, but teachers and administrators must commit themselves to a meaningful contribution to an overall effort.

It is possible that alcohol and drug abuse has not reached the degree of intensity in Kentucky that it has in some other areas of the United States. While this condition is something for which to be thankful, there should not be apathy to the point of allowing a crisis situation in alcohol and drugs to arise. The parents, educators, and community leaders are rightfully concerned over the adverse effects the irresponsible use of alcohol and drugs are having on the individual and society. In general, they have turned to education as one of the forces which may diminish this harmful behavior. The formal educational system is viewed by many as the primary mechanism for the delivery of alcohol and drug education. However, in addressing itself to so complex a problem as that of alcohol and drug abuse, the discipline of education must go beyond the mere dispensing of information and must make a strong effort to affect attitudinal and behavioral changes.

Most school districts in the past have developed and implemented effective alcohol and drug education programs prior to the ratification of "The Alcohol and Drug Education Act of 1974."

Since alcohol and drug education programs must be developed to meet local needs, to utilize local resources, and to augment other on-going efforts, there is no one best program which can be suggested. However, alcohol and drug education programs should meet the following guidelines in order to maximize their effectiveness.

I. RESPONSIBILITY OF THE DISTRICT

A. Local officials should review and understand the "Alcohol and Drug Education Act of 1974" and determine the specific responsibilities of the local board of education and the school district.

B. The local board and the superintendent have the responsibility to set up the administration and instructional plan for implementation at the local level to include:

1. Establishment of the local board policies and district procedure;

2. Assignment of administrative and instructional staff responsibilities;

3. Provision of necessary materials and facilities for support;

4. Involvement of all affected personnel in appropriate orientation and in-service activities prior to launching the program including participation in state sponsored workshops.

II. CURRICULUM

A. The curriculum should be comprehensive in scope starting with grades one, and extending through grade twelve.

1. In grades K through six, in conjunction with courses given in health, science, or social studies; and

2. In grades seven through twelve, in conjunction with courses given in health or in any appropriate area of study.

B. Such instruction shall be sequential in nature and suited to meet the needs of the students at their respective grade levels.

C. Alcohol and drug education instruction should be relative to the subject being taught i.e., health, science, English, math, music, etc.

D. Alcohol and drug education instruction should be provided throughout the year rather than having a short, concentrated unit. The instruction should be integrated into the content area as naturally as possible without undue special attention being given with exception being in health education when a specialist is provided.

E. Program elements and activities should be included which place emphasis on both attitudes and decision making (affective) and information (cognitive).

F. Clearly stated objectives should be established for the total program and for each level of instruction.

G. Curriculum should focus on the causes of alcohol and drug abuse rather than the symptoms.

H. The curriculum should be developed through cooperative planning of school personnel, the target population (where appropriate), community representation, and parents.

I. The school program should promote constructive alternatives to alcohol and drug abuse such as: intramurals, yoga, karate, school clubs, sewing, athletics, vocational education, etc. alternative activities run the gamut of physical, sensory, emotional, interpersonal, social, political and intellectual.

III. CURRICULUM ASSISTANCE TO TEACHERS

A. The Department of Education has a responsibility for supplying curriculum guides and selected support material as examples to follow.

B. Each district should provide the time for teachers to work together in the development of a curriculum for the local district.

C. The state department should provide information services and assistance to local school districts for curriculum development through appropriate means--regional workshops, consultation services, literature, etc.

IV. INSERVICE TRAINING

A. Inservice training programs should afford the certificated staff with opportunities to gain understanding of current approaches and to develop knowledge and skills relative to alcohol and drug abuse prevention.

B. Inservice programs for alcohol and drug education should be offered to the staff on a continuing basis and not as a stop gap attempt to solve the alcohol and drug problem in a particular school.

C. When inservice is not conducted during the regular school day, opportunities for providing inservice or extension credit should be explored.

D. Resource persons utilized in inservice training should be carefully screened to determine if their philosophy, areas of expertise, and potential contributions are consistent with the district program.

V. IDENTIFICATION AND COUNSELING OF PUPILS

A. The certificated personnel should be alert to any marked change in appearance, behavior, achievement or attitudes on the part of any student.

B. The certificated personnel should keep in perspective their responsibility to the principal to keep him fully informed of any specific drug problem involving his students.

C. Because the certificated personnel should have the best interests of the student in mind, they must be aware of their limitations in the area of counseling. They should be aware of the alternatives open to them in referring the student to a qualified person within the school or community or to a creditable outside agency for additional help

D. Policy should be defined for caring for a student who displays signs of a drug reaction in school. This can be a frightening experience both for the drug user and for the people who try to help him, because the behavior of the user is highly unpredictable and the effects of the drug(s) on him may range from mild discomfort to acute paranoia or, in some instances, death. Thus, it is essential for the personnel of each school to define emergency procedures clearly and to periodically review the responsibilities of each staff member in a drug abuse situation.

VI. INSTRUCTIONAL STAFF

A. The instruction for alcohol and drug education will be assigned primarily to the grade level teachers' appropriate area of study.

B. Personnel should be aware of the social use of alcohol and drugs within our society whether for religious purposes, relaxation, nervous tension, insomnia, headache, or any other medical or self-imposed reason.

C. It is not necessary for the personnel to obtain a large drug vocabulary or deal in the pharmacology of alcohol and drugs in order to discuss the irresponsible use of drugs at any grade level.

D. Personnel should not feel as though they should handle any specific drug problem alone. Rather, they should seek advice from the school faculty and staff i.e., school nurse, guidance counselor, principal, etc., any other appropriate person or agency that might be of service.

## VII. FACILITIES

It is expected that each school will have appropriate facilities for the instruction in alcohol and drugs.

## VIII. MATERIALS AND EQUIPMENT

It is expected that each school district will provide the materials and the equipment necessary to achieve the objectives of its alcohol and drug education program.

A. Each school should include a library or learning resource center that contains a variety of resource books, appropriate films, filmstrips, etc., about alcohol and drugs.

B. Materials should be available for the professional growth of the teachers who will be responsible for the integration of instruction in alcohol and drugs into their subject area.

## IX. REVIEW SYSTEM

There seems to be a need for establishing some responsible organizational structure within each school district. If a School Health Council is formed for the purpose of assisting the school administrator in these and other health matters, membership on this committee should include representatives from the superintendent of schools, building principals, guidance staff, the classroom teaching staff, parents and the students themselves. Legal opinion should be sought as needed in the respective communities. Medical and pharmacological experts should be consulted locally when needed to clarify scientific and medically related issues.

All school policies and regulations, pertaining to alcohol and drugs, should establish procedures by which all avenues for correction and rehabilitation within the school setting would be exhausted in an effort to help the students prior to any consideration for possible suspension or exclusion.

An increasing number of student drug cases throughout the state indicates a real need to formulate guiding policies in advance of crises to assist the school administrator who would determine a course of action.

Drug policies should be flexible and possess a high degree of individual application. Simplified, rigid, blanket policies are frequently both unwise and unworkable. As in every aspect of action designed to help students, it is necessary to consider two concerns: what is best for the individual and that which is most desirable for the total school population.

Therefore, administrators must remain sensitive and continually aware that the future life plans of a young person may well be determined by administrative decisions made for the sake of expediency, under stress and without due consideration of many complicated and related matters.

Finally, policies and procedures established to deal with student alcohol and drug use should be compatible with general school policies governing the total range of student issues. These policies and procedures must be revised periodically to meet changing needs. Establishment of a local School Health Council can serve to assist local school administrators toward this end.

## X. PROVISIONS FOR ON GOING EVALUATION AND IMPROVEMENT

Instruction in alcohol and drug education needs to be evaluated just as any other facet of the school program must be assessed. However, since the scope is one of long-range goals and objectives, it might take several years for tangible results to be observed. Instructional programs must be initiated on the basis of the best knowledge and research currently available. Adjustments must be made as new knowledge and research is forthcoming. Thus, a certain amount of faith and patient is needed.

One of the most important goals is to help students examine their own attitudes and habits, and to help them develop basic values in order to assure that the affective domain is not overlooked in instruction. Values, clarification, coping, and decision-making skills should encompass a significant portion of instructional time.

It may take three to five years just to establish an alcohol and drug education program that begins to demonstrate consistent degrees of effectiveness in terms of knowledge and attitude purposes. If such a program continues beyond that point, if it is an integrated approach, and if sufficient funds are made available for teacher training and curriculum revision, perhaps more effective results in the reduction of certain drug use can be achieved despite the difficulties of assessing behavioral changes.

A word of caution is directed at evaluation by performance objectives that are primarily cognitively oriented. This approach has dangers when applied objectives are apt to be based on the surface symptoms of the problems and on imparting solely subject information rather than being related to the real and personal problems of individual students. However, there are some instruments to measure objectives that include, among other things, knowledge (cognitive domain), attitudes (affective domain), and practices (action domain). They are designed to be used in a variety of ways: (1) To pre-test students and utilize the scores to determine needs, interest, attitudes, behaviors and problems; (2) To post-test students following instruction to determine attitudes and behavioral changes; and (3) To serve as self-tests to help initiate discussion.